
SENATE COMMITTEE ON APPROPRIATIONS

Senator Anthony Portantino, Chair
2021 - 2022 Regular Session

SB 528 (Jones) - Juveniles: health information summary: psychotropic medication

Version: April 19, 2021

Policy Vote: HUMAN S. 4 - 0, HEALTH
11 - 0

Urgency: No

Mandate: Yes

Hearing Date: May 10, 2021

Consultant: Karen French

Bill Summary: This bill requires the California Department of Social Services (CDSS) to create an electronic health care portal, through which health care providers will be able to access health information included in a foster child or youth's health and education summary, as provided. The portal must also include completed and approved forms developed by the Judicial Council relating to the administration of psychotropic medication for specified dependent children and wards of the juvenile court.

Fiscal Impact:

- CDSS reports a cost range for year of implementation of \$5 to \$15 million General Fund with ongoing annual costs of \$5 million General Fund. (For details Staff Comments below)
- Judicial Council unknown costs develop forms.
- Juvenile Dependency Court—Unknown, potential workload cost pressures to the courts. While the superior courts are not funded on a workload basis, an increase in workload could result in delayed court services and would put pressure on the General Fund to increase the amount appropriated to backfill for trial court operations. For illustrative purposes, the Governor's proposed 2021-2022 budget would appropriate \$118.3 million from the General Fund to backfill continued reduction in fine and fee revenue for trial court operations. (General Fund-Trial Court Trust Fund)
- CWS County caseworkers, public health nurses, physicians and other staff to complete forms and enter them into the system. Following 2011 realignment, state-mandated local costs are not reimbursable, but instead must be funded by the state pursuant to Proposition 30

Background: According to the author, "foster youth, some of our most vulnerable children, frequently change the health providers they see or the foster families they live with, for reasons beyond their control. Oftentimes, their changing lives lead to a loss of critical health records, such as the prescription of antidepressants, mood stabilizers, antipsychotics, and other psychotropic medications. Without a documented record, any attempt to resume use of these medications is greatly complicated. SB 528 will create a universal electronic health care portal for foster youth, allowing them to stabilize and maintain their personal health regimen."

Existing law places strict restrictions on who has access to a foster child or youth's case file. Due to the sensitive nature of this information, the Legislature has typically acted cautiously when it comes to increasing access to this information, in support of its belief that juvenile court records should, in general, be confidential. A foster child or youth's

case file includes their health and education summary, sometimes known as a health passport, and any JV-220 forms. This bill would require CDSS staff to put foster youth's health passport information and JV-220 forms into an online health portal that would then be accessed by their health care providers. Existing law regarding access to a foster youth's case file should not be at issue here, as existing law provides both CDSS staff and members of a child's multidisciplinary team, persons, or agencies providing treatment or supervision of the child with access to the child's case file.

Proposed Law: : Requires the Department of Social Services (DSS) to create an electronic health care portal that will permit health care providers of children in foster care to access the health care information of the foster child, including forms that are required relating to the administration of psychotropic medication. Requires physicians who administers psychotropic medication to foster children to provide the child's caseworker and the foster care public health nurse with specified medical information within 72 hours of the administration of psychotropic medication. Adds specified duties to the role of the foster care public health nurse, including updating the electronic health care portal and the child's health and education passport, and providing the child's medical information, including completed forms relating to the administration of psychotropic medication, to the child's health care provider five days before the child's medical appointment, and the to the child or their caregiver within 24 hours of a request from the child or caregiver. Requires counties to provide specified training to foster care public health nurses.

Related Legislation: 9) Prior legislation. SB 377 (McGuire, Chapter 547, Statutes of 2019) created a process for a ward or dependent child or their attorney to provide authorization for the Medical Board of California to review their medical information to determine whether there is excessive prescribing of psychotropic medication inconsistent with the standard of care.

SB 1174 (McGuire, Chapter 840, Statutes of 2015) required DHCS and CDSS to provide the MBC with information regarding Medi-Cal physicians and their prescribing patterns of psychotropic medications and related services for dependents and wards of the court, and required the MBC to review the data provided to the board, as specified.

SB 238 (Mitchell, Chapter 534, Statutes of 2015) required, among other things, the rules of court and forms to address specified concerns regarding authorizing psychotropic medications for dependents and wards of the court, including that guidance be provided to the court on how to evaluate the request for authorization.

AB 2502 (Keene, Chapter 329, Statutes of 2004) required a judicial officer to approve or deny, in writing, a request for authorization to administer psychotropic medication to a dependent of the court, or set the matter for hearing, within seven days.

Staff Comments: The Human Services Committee analysis of this bill notes: As this bill proceeds through the legislative process, the author may wish to work with CDSS, DHCS, the County Welfare Directors, the County Behavioral Health Directors, and other stakeholders to ensure the privacy of this information will protected and access to the resulting online portal will be limited. Additionally, the author may wish to work with the afore mentioned stakeholders to consider whether there are existing online databases, such as the CARES computer system, or other programs used by the county child

welfare departments, the Judicial Council for JV-220 and related forms, or others that may be utilized to meet the goal of this legislation – i.e. ensuring a foster child or youth's health care provider has access to their medical and treatment history.

CDSS notes on cost pressures:

- Automation costs for development of the electronic healthcare portal would be approximately \$3 million total funds
- Automation costs assume the portal will be a feature of CWS-CARES, the current CWS/CMS is not capable of hosting this portal
- Because the portal will be built in CWS-CARES, implementation cannot occur until March 2024 at the earliest
- In the year of implementation, social worker time will be required for managing access and permissions for healthcare providers of all existing foster care placements.
- In the year of implementation and each year thereafter, social worker time will be required for:
 - Managing access and permissions for healthcare providers of all entries to foster care
 - Changing access and permissions for healthcare providers each time a foster child/youth changes healthcare providers
- Foster care public health nurse time to update the electronic health care portal and the health and education summary with the child's medical, dental, and mental health care information whenever there is new information
- Foster care public health nurse time to provide the child's medical, dental, and mental health care information to health care providers, the child or their caregiver, and nonminor dependents, as specified.

It is also important to note that due to the delay in implementation associated with building this new portal into CWS-CARES, the CDSS estimate will be subject to change by the time funds for social worker administrative activities need to be allocated.

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