



## JUDICIAL COUNCIL OF CALIFORNIA

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# REPORT TO THE JUDICIAL COUNCIL

For business meeting on: April 15, 2016

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Title	Agenda Item Type
Juvenile Law: Psychotropic Medication	Action Required
Rules, Forms, Standards, or Statutes Affected	Effective Date
Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-222, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO	July 1, 2016
Recommended by	Date of Report
Family and Juvenile Law Advisory Committee	April 5, 2016
Hon. Jerilyn L. Borack, Cochair Hon. Mark A. Juhas, Cochair	Contact
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### Executive Summary

The Family and Juvenile Law Advisory Committee proposes amending rule 5.640 of the California Rules of Court, approving two optional forms, adopting two mandatory forms, revising five forms, and revising and renumbering one form to conform to recent statutory changes to the requirements for court authorization of psychotropic medication for foster children enacted by Senate Bill 238 (Mitchell; Stats. 2015, ch. 534).

### Recommendation

1. The committee recommends renumbering one form and, to improve readability, renaming several forms as follows:

- a. Renumber *Information About Psychotropic Medications* (form JV-219-INFO) as JV-217-INFO, so that the form with information on the psychotropic medication request and approval process is at the beginning of the series of psychotropic medication forms, and rename it *Guide to Psychotropic Medication Forms*;
- b. Rename *Application Regarding Psychotropic Medication* (form JV-220) as *Application for Psychotropic Medication*;
- c. Rename *Prescribing Physician's Statement—Attachment* (form JV-220(A)) as *Physician's Statement—Attachment*;
- d. Rename *Proof of Notice: Application for Psychotropic Medication* (form JV-221) as *Proof of Notice of Application*;
- e. Rename *Opposition to Application for Psychotropic Medication* as *Input on Application for Psychotropic Medication*; and
- f. Rename *Order Regarding Application for Psychotropic Medication* (form JV-223) as *Order on Application for Psychotropic Medication* (form JV-223).

The committee recommends several actions to implement five amendments to the Welfare and Institutions Code that require the Judicial Council to develop rules and forms.

2. Newly enacted sections 369.5(a)(2)(B)(i) and 739.5(a)(2)(B)(i) require the Judicial Council to develop rules and forms to ensure that the child and his or her caregiver and court-appointed special advocate volunteer (CASA), if any, have an opportunity to provide input on the medications being prescribed. To implement this requirement, the Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective July 1, 2016:
  - a. Amend rule 5.640(c) to allow the child, caregiver, CASA, parents, and Indian child's tribe to provide input to the court by the proposed new *Child's Opinion About the Medicine* (form JV-218) or *Statement About Medicine Prescribed* (form JV-219); submission of a letter; talking to the judge at a hearing; or through the social worker, probation officer, lawyer, or CASA. Input from the CASA would also be allowed by a court report;
  - b. Approve for optional use *Child's Opinion About the Medicine* (form JV-218);
  - c. Approve for optional use *Statement About Medicine Prescribed* (form JV-219);
  - d. Revise *Application for Psychotropic Medication* (form JV-220) with several questions that the social worker or probation officer must answer when filling out the form;

- e. Further amend rule 5.640(c) to require service of a blank *Child's Opinion About the Medicine* (form JV-218), or *Statement About Medicine Prescribed* (form JV-219) when serving *Application for Psychotropic Medication* (form JV-220) and to remove the option for service to parents, children, and caregivers, that rather than blank forms, service could include information on how to obtain the forms;
  - f. Further amend rule 5.640(c) to require that *Child's Opinion About the Medicine* (form JV-218) and *Statement About Medicine Prescribed* (form JV-219) be filed within four court days of receipt of notice of the application for psychotropic medication; and
  - g. Revise *Physician's Statement—Attachment* (form JV-220(A)) to ensure the child has an opportunity to provide input on the prescribed medication by eliminating from the form the option for the prescribing physician to not inform the child of the request, the recommended medications, benefits, and side effects because the child is too young.
3. Newly enacted sections 369.5(a)(2)(B)(ii)–(iii) and 739.5(2)(B)(ii)–(ii) require the Judicial Council to develop rules and forms to ensure that information regarding an assessment of the child's overall mental health and treatment plan, as well as information regarding the rationale for the proposed medication are provided to the court. To implement this requirement, the Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective July 1, 2016:
- a. Amend rule 5.640(c) to require that *Physician's Statement—Attachment* (form JV-220(A)) include information regarding an assessment of the child's overall mental health and treatment plan, as well as information regarding the rationale for the proposed medication;
  - b. Revise *Physician's Statement—Attachment* (form JV-220(A)) to include the information required by SB 238, including information on other pharmacological and nonpharmacological treatments that have been utilized and the child's response to those treatments, a discussion of symptoms not alleviated or ameliorated by other current or past treatment efforts, and an explanation of how the psychotropic medication being prescribed is expected to improve the child's symptoms;
  - c. Revise *Physician's Statement—Attachment* (form JV-220(A)) to separate out compound questions; and
  - d. Adopt for alternate mandatory use *Physician's Request to Continue Medication—Attachment* (form JV-220(B)).
4. Newly enacted sections 369.5(a)(2)(B)(iv) and 739.5(a)(2)(B)(iv) require the Judicial Council to develop rules and forms to address how to proceed if information, otherwise required to be included in a request for authorization, is not included in the request. To

implement this requirement, the committee recommends that the council, effective July 1, 2016:

- a. Amend rule 5.640(c) to direct the court, if all the required information is not included in the request for authorization, to order the applicant to provide the missing information and set the application for a hearing; and
  - b. Further revise *Order on Application for Psychotropic Medication* (form JV-223) to include an item on the form so the court can order that the applicant must submit the missing information by the time specified on the order, and so the court can order a hearing on the application.
5. Newly enacted sections 369.5(a)(2)(C) and 739.5(2)(C) require the Judicial Council to develop rules and forms to include a process for periodic oversight by the court of orders regarding the administration of psychotropic medication. To implement this requirement, the committee recommends that the council, effective July 1, 2016:
- a. Amend rule 5.640(f) and (g) to mandate progress reviews at every status review hearing and allow progress reviews at any other time at the court's discretion;
  - b. Amend rule 5.640(f) to require the social worker or probation officer to file a completed *County Report on Psychotropic Medication* (form JV-224) at any scheduled psychotropic medication progress review hearing and each status review hearing;
  - c. Revise *Physician's Statement—Attachment* (form JV-220(A)) to ensure the court has all the information needed to provide thorough periodic oversight of court ordered psychotropic medications, including requiring an explanation if the child agrees with the medication, mandating information on whether all relevant laboratory tests were performed, and expanding the list of types of therapeutic services in which the child is enrolled or is recommended to participate. Ensure that the same information is contained in *Physician's Request to Continue—Attachment* (form JV-220(B)); and
  - d. Adopt for mandatory use *County Report on Psychotropic Medication* (form JV-224).
6. Newly enacted sections 369.5(c)(2) and 739.5(c)(2) mandate that the child welfare agency, probation department, or other person or entity who submitted the request for authorization of psychotropic medication provide a copy of the court order approving or denying the request to the child's caregiver. To implement this requirement, the committee recommends that the council, effective July 1, 2016:
- a. Amend rule 5.640(e) to require that the child welfare agency, probation department, or other person or entity who submitted the request for authorization of psychotropic

medication provide the child's caregiver with a copy of the court order approving or denying the request within two days of when the order is made;

- b. Amend rule 5.640(e) to mandate that the order also contain the last two pages of form JV-220(A) and all the medication information sheets (medication monographs) that were attached to the JV-220(A). This would ensure that the caregiver has the information needed on dosages, side effects, and recommended therapeutic interventions; and
- c. Revise *Order on Application for Psychotropic Medication* (form JV-223) to include an order that the applicant must provide the caregiver with a copy of the order, the last two pages of form JV-220(A), and the FDA label within two days of when the order is made.

While not mandated by SB 238, the committee recommends that the council, effective July 1, 2016:

- a. Amend rule 5.640 to improve clarity by moving the paragraphs regarding what forms must or can be used to the beginning of the rule;
- b. Revise *Guide to Psychotropic Medication Forms* (form JV-217-INFO) and *Proof of Notice of Application* (form JV-221) to conform to changes to the new forms and procedures;
- c. Revise *Input Regarding Psychotropic Medication* (form JV-222) so that it can be used to provide input to the court, even if the person using the form does not oppose the medication;
- d. Revise *Order on Application for Psychotropic Medication* (form JV-223) to include the new forms in this proposal as evidence the court has read and considered; and
- e. Further revise *Order on Application for Psychotropic Medication* (form JV-223) to include an order about gradually reducing the psychotropic medication and an order to provide the necessary information if the application is incomplete.

### **Previous Council Action**

As mandated by Senate Bill 543 (Bowen; Stats. 1999, ch. 552), effective January 1, 2001, the Judicial Council adopted a California Rule of Court and two Judicial Council forms regarding administration of psychotropic medications to children under the jurisdiction of the juvenile court. This initial proposal included rule 1432.5; *Application for Order for Psychotropic Medication—Juvenile* (form JV-220); and *Opposition to Application for Order for Psychotropic Medication—Juvenile* (form JV-220A). Clarifying changes were made to the rule and forms effective January 1, 2003, January 1, 2005, and July 1, 2005. Effective January 1, 2007, rule 1432.5 was renumbered as rule 5.640, as part a comprehensive reorganization and renumbering to improve the format and usability of the California Rules of Court. Effective January 1, 2008,

at the request of the Family and Juvenile Law Advisory Committee, the Judicial Council amended rule 5.640, revised form JV-220, revoked form JV-220A, and adopted forms JV-219-INFO, JV-220(A), JV-221, JV-222, and JV-223 to improve the statewide procedure used to seek authorization for administering psychotropic medication to children in out-of-home placements. Most recently, effective January 1, 2014, the council amended rule 5.640 of the California Rules of Court and revised three related forms (JV-219-INFO, *Information About Psychotropic Medication Forms*, JV-221, *Proof of Notice: Application for Psychotropic Medication*, and JV-222, *Opposition to Application Regarding Psychotropic Medication*) to (1) clarify the time frame for filing an opposition to an application for the juvenile court to authorize the administration of psychotropic medication for a child, (2) clarify appropriate methods of service and notice protocols, and (3) add notice requirements for an Indian child's tribe if psychotropic medication is being sought for an Indian child.

### **Rationale for Recommendation**

As indicated in the legislative history for SB 238, in 1999, the Legislature passed SB 543 (Bowen; Stats. 1999, ch. 552), which provided that only a juvenile court judicial officer has the authority to make orders regarding the administration of psychotropic medications for foster youth.<sup>1</sup> Senate Bill 543 also provided that the juvenile court may issue a specific order delegating this authority to a parent if the parent poses no danger to the child and has the capacity to authorize psychotropic medications. This legislation was passed in response to concerns that foster children were being subjected to excessive use of psychotropic medication, and that judicial oversight was needed to reduce the risk of unnecessary medication. The Judicial Council was required to adopt rules of court to implement the new requirement. Accordingly, rule 5.640 specifies the process for juvenile courts to follow in authorizing the administration of psychotropic medications and permits courts to adopt local rules for the courts to use to further refine the approval process.

In 2004, the provisions of SB 543 were amended by Assembly Bill 2502 (Keene; Stats. 2004, ch. 329), which required a judicial officer to approve or deny, in writing, a request for authorization to administer psychotropic medication, or set the matter for hearing, within seven days. This amendment was intended to ensure timely consideration of requests for authorization to administer psychotropic medication to dependent children.

Despite these measures, concerns remain that psychotropic medication is overused and underreported in the child welfare system. Senate Bill 238 is a comprehensive bill that seeks to address the issues related to the administration of psychotropic drugs in the foster care system by requiring additional training, oversight, and data collection by caregivers, courts, counties, and social workers. The bill also requires the Judicial Council, in consultation with other specified groups, to implement specified provisions of the bill.

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<sup>1</sup> Sen. Com. on Judiciary, Analysis of Sen. Bill No. 238 (2014–2015 Reg. Sess.) Apr. 7, 2015, pp. 1–2

The committee identified five main amendments to the Welfare and Institutions Code that require the Judicial Council to develop rules and forms.<sup>2</sup>

### **Opportunity to provide input**

Newly enacted sections 369.5(a)(2)(B)(i) and 739.5(a)(2)(B)(i) require the Judicial Council to develop rules and forms to ensure that the child and his or her caregiver and court-appointed special advocate volunteer (CASA), if any, have an opportunity to provide input on the medications being prescribed. To implement this requirement, the committee recommends amending rule 5.640(c) to allow the child, caregiver, CASA, parents, and Indian child's tribe to provide input to the court by the proposed new *Child's Opinion About the Medicine* (form JV-218) or *Statement About Medicine Prescribed* (form JV-219); letter; talking to the judge; or through the social worker, probation officer, lawyer, or CASA. Input from the CASA would also be allowed by a court report. The committee also recommends approving for optional use *Child's Opinion About the Medicine* (form JV-218) and *Statement About Medicine Prescribed* (form JV-219).

In order to provide a streamlined way to address the court in writing, the committee recommends creating a new optional Judicial Council form that can be filled out by the child, *Child's Opinion About the Medicine* (form JV-218). The committee also recommends a form that can be filled out by the caregiver or CASA, *Statement About Medicine Prescribed* (form JV-219). The committee concluded that parents and an Indian child's tribe often have very important historical information and current observations regarding the child that are extremely helpful to the court and therefore, they could also use form JV-219 to provide input on the request to administer psychotropic medication.

The committee concluded that the manner of providing input to the court should be that which is easiest for the person providing input. Therefore, rather than mandate the use of the new proposed forms, the committee decided the full array of ways to provide information to the court should be allowed, such as writing a letter; talking to the judge at the hearing; or through the social worker, probation officer, lawyer, or CASA.

The committee also recommends that the council amend *Application for Psychotropic Medication* (form JV-220) with several questions that the social worker or probation officer must answer when filling out the form, including questions that would ask for a description of what the child and caregiver report about taking the medication, and what the child and caregiver report about the benefits and side effects. The form would also require the social worker or probation officer to tell the judge how the child and caregiver wish to provide input on the medications being prescribed. The form would also require the social worker or probation officer to describe both mental health treatment alternatives to the proposed medication and other psychotropic medications used in the past six months. It would also ask what therapeutic

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<sup>2</sup> Unless otherwise indicated, all statutory references are to the Welfare and Institutions Code and all rule references are to the California Rules of Court.

services, other than medication, the child is enrolled in—or is recommended to participate in—during the next six months. This question is critical to ensure the legislative intent that psychotropic medications are not overused, and that alternative treatments to the use of psychotropic medications are considered for children in foster care.

The committee also recommends that the council revise *Physician’s Statement—Attachment* (form JV-220(A)) to ensure the child has an opportunity to provide input on the prescribed medication. The committee recommends that the physician must provide an explanation both when the child agrees to the proposed medication and when the child does not agree. Currently, the form does not require an explanation if the child is agreeable. However, in order to determine if the child truly agrees, and to what, an explanation from the physician would help the court to better understand the child’s position on taking the medication. This is important since a child may agree to the medication to avoid consequences, such as loss of privileges, for refusing the medication.

Additionally, the committee recommends that the option for the prescribing physician to not inform the child of the request, the recommended medications, benefits, and side effects—because the child is too young—be eliminated from the form. The committee decided that even very young children can be told about recommended psychotropic medication in an age-appropriate manner. If the child is indeed too young for such an explanation, the “other” option would remain on the form and could be used for this purpose. The option to not inform the child because the child lacks the capacity to provide a response would also remain on the form.

### **Assessment of overall mental health and treatment plan**

Newly enacted sections 369.5(a)(2)(B)(ii)–(iii) and 739.5(2)(B)(ii)–(ii) require the Judicial Council to develop rules and forms to ensure that information regarding an assessment of the child’s overall mental health and treatment plan, as well as information regarding the rationale for the proposed medication are provided to the court.

The committee recommends that the council amend rule 5.640(c) to require that *Physician’s Statement—Attachment* (form JV-220(A)) include information regarding an assessment of the child’s overall mental health and treatment plan, as well as information regarding the rationale for the proposed medication.

The committee concluded that the best person to provide the newly required information is the prescribing physician, and that these requirements should be added to the existing mandatory form JV-220(A).

The new code sections further mandate that the request to the court include information on other pharmacological and nonpharmacological treatments that have been utilized and the child’s response to those treatments, a discussion of symptoms not alleviated or ameliorated by other current or past treatment efforts, and an explanation of how the psychotropic medication being prescribed is expected to improve the child’s symptoms. The committee concluded that the



prescribing physician is in the best position to provide this information to the court, and therefore recommends that these topics be added as questions on form JV-220(A).

The committee recommends that the council revise *Physician's Statement--Attachment* (form JV-220(A)) to separate out compound questions. The committee recognized that many of the items in form JV-220(A) asked multiple questions. In order to ensure that each question is answered in full, the committee proposes separating out each question into its own item. This would not result in a substantive change for the physician, but would make the form longer.

The committee recommends that the council adopt for alternative mandatory use *Physician's Request to Continue Medication—Attachment* (form JV-220(B)). This shortened form would be used for a request to continue the same medication by the same physician that completed the most recent form JV-220(A). This form was created by the committee in direct response to comments received during the public comment period, as discussed below in the Comments section.

#### **Procedure when request is missing information**

Newly enacted sections 369.5(a)(2)(B)(iv) and 739.5(a)(2)(B)(iv) require the Judicial Council to develop rules and forms to address how to proceed if information, otherwise required to be included in a request for authorization, is not included in the request.

The committee recommends that the council amend rule 5.640(c) to direct the court, if all the required information is not included in the request for authorization, to order the applicant to provide the missing information and to set the request for authorization for a hearing.

The committee also recommends that the council revise *Order on Application for Psychotropic Medication* (form JV-223) to include an order that the applicant must provide any missing information by the time specified in the order, and to set a hearing on the application.

#### **Periodic oversight**

Newly enacted sections 369.5(a)(2)(C) and 739.5(2)(C) require the Judicial Council to develop rules and forms to include a process for periodic oversight by the court of orders regarding the administration of psychotropic medication.

The committee recommends that the council approve for mandatory use *County Report on Psychotropic Medication* (form JV-224) and amend rule 5.640(f) to require the social worker or probation officer to file a completed *County Report on Psychotropic Medication* (form JV-224) at any scheduled psychotropic medication progress review hearing and each status review hearing.

The newly enacted code sections mandate that the periodic oversight include the caregiver's and child's observations regarding the effectiveness of the medication and its side effects, information on medication management appointments and other follow-up appointments with

medical practitioners, and information on the delivery of other mental health treatments. The oversight process must be conducted in conjunction with other regularly scheduled court hearings, and reports must be provided to the court by the county agency.

The committee recommends that the council amend rule 5.640(f) and (g) to mandate progress reviews at every status review hearing and allow progress reviews at any other time at the court's discretion. The committee recommends that the option to present this information orally be eliminated from rule 5.640(f) and that rule 5.640(g) mandate the filing of the new proposed *County Report on Psychotropic Medication* (form JV-224) at any scheduled psychotropic medication progress review hearing and each status review hearing. The committee concluded that having a written record of the progress reports was important, particularly if someone other than the regularly assigned judicial officer was conducting the status review hearing.

The committee also recommends that the council revise *Physician's Statement—Attachment* (form JV-220(A)) to ensure that the court has all the information needed to provide thorough periodic oversight of court ordered psychotropic medications.

The committee recommends that the council adopt for alternative mandatory use *Physician's Request to Continue Medication—Attachment* (form JV-220(B)). This shortened form would be used for a request to continue the same medication by the same physician that completed the most recent JV-220(A). This form was created by the committee in direct response to comments received during the public comment period, as discussed below in the Comments section.

The committee recommends that both forms require the physician to provide an explanation both when the child agrees to the proposed medication and when the child does not agree. Currently the form does not require an explanation if the child is agreeable. However, in order to determine if the child truly agrees, and to what, an explanation from the physician would help the court in its oversight function.

To ensure the court can provide meaningful oversight, the committee also recommends the following changes to form JV-220(A):

- Replace DSM-4 with DSM-5 to conform to updated practices.
- In item 16, mandate the information regarding laboratory tests performed, which is currently optional. Also, eliminate the detailed list of laboratory tests, and replace it with a statement regarding whether all essential laboratory tests were performed.
- Revise the item, now number 19, regarding therapeutic services to require the physician to indicate what therapeutic services the child “is enrolled in or is recommended to participate” in during the next six months, rather than the services the child “will participate” in, since the physician cannot predict the services the child will actually participate in.

- In item 22, mandate information on the medication administration schedule (schedule of when medication should begin, the dosage and number of doses per day), which is currently optional.
- Add a section to item 24 regarding reduction of medication. If the physician is requesting to stop medication, he or she must also recommend whether the medication is to be stopped immediately or gradually reduced and, if so, for what period of time.

### **Notice of progress review hearings**

Newly enacted sections 369.5(a)(2)(C) and 739.5(2)(C) require the Judicial Council to develop rules and forms to include a process for periodic oversight by the court of orders regarding the administration of psychotropic medication. To implement this requirement, the committee amended rule 5.640 to require a progress review of court-ordered psychotropic medication at every status review hearing and any other time at the court's discretion. After reviewing the comments, however, it became evident to the committee that the rule lacked a procedure for notice of progress reviews. The committee amended the rule to require that notice of a progress review include blank copies of *Child's Opinion About the Medicine* (form JV-218), *Statement About Medicine Prescribed* (form JV-219), and *Input on Application for Psychotropic Medication* (form JV-222), as appropriate, mirroring the requirements for notice of the authorization request.

The newly proposed notice requirements did not circulate for public comment, and will increase workload and cost by requiring additional blank forms served with the notice of status review hearings, and additional notice for any psychotropic medication progress review that is not scheduled at the same time as a status review hearing. The committee concluded this extra workload is necessary to meet the requirement in SB 238 that the council develop rules and forms to ensure that the child and his or her caregiver and CASA, if any, have an opportunity to provide input on the medications being prescribed. Without notice of the hearing, and without blank copies of the form intended to allow for easy input, the child and caregiver will be unable to provide the required input.

### **Providing court order to caregiver**

Newly enacted sections 369.5(c)(2) and 739.5(c)(2) mandate that the child welfare agency, probation department, or other person or entity who submitted the request for authorization of psychotropic medication provide the child's caregiver with a copy of the court order approving or denying the request.

The committee recommends that the council amend rule 5.640 to require that the child welfare agency, probation department, or other person or entity who submitted the request for authorization of psychotropic medication provide the child's caregiver a copy of the court order approving or denying the request.

The committee recommends adding this requirement at subdivision (e) of rule 5.640 and requiring that the copy be provided in person or mailed within two days of when the order is made to ensure the caregiver receives the order promptly.

The committee recommends that the council revise *Order on Application for Psychotropic Medication* (form JV-223) to include an order regarding providing a copy of the order to the caregiver.

The committee recommends adding to form JV-223, at item 4, an order that the social worker, probation officer, or person who submitted the application must give a copy of the order to the child's caregiver either in person or by mail within two days.

The committee recommends that the council amend rule 5.640(e) to mandate that the order also contain the last two pages of form JV-220(A) and the Food and Drug Administration (FDA) label that was attached to the JV-220(A). This would ensure that the caregiver has the information needed on dosages, side effects, and recommended therapeutic interventions.

### **Other form changes**

The committee recommends several other form changes that are not specifically mandated by SB 238 but that improve the overall clarity of the process including:

- Revise *Guide to Psychotropic Medication Forms* (form JV-219-INFO) and *Proof of Notice of Application* (form JV-221) to conform to changes to the recommended new forms and procedures.
- Renumber form JV-219-INFO as JV-217-INFO. This would place the form with information on the psychotropic medication request and approval process at the beginning of the series of psychotropic medication forms.
- Revise *Input on Psychotropic Medication* (form JV-222) so that it can be used to provide input to the court, even if the person using the form does not oppose the medication.
- Revise *Order on Application for Psychotropic Medication* (form JV-223) to include the new forms in this proposal as evidence the court has read and considered.
- Further revise *Order on Application for Psychotropic Medication* (form JV-223) to include an order about gradually reducing the psychotropic medication.

### **Plain Language Changes**

At the request of stakeholders, form JV-217-INFO, form JV-218, and form JV-219 were reviewed by plain language experts after the comment period ended. Based on input received by plain language experts, the committee recommends several revisions to these forms to improve

readability and the committee recommends renaming several other form titles to improve readability as follows:<sup>3</sup>

<b>New form name</b>	<b>Form name as circulated</b>	<b>Form Number</b>
Guide to Psychotropic Medication Forms	Information About Psychotropic Medication Forms	JV-217-INFO
Application for Psychotropic Medication	Application Regarding Psychotropic Medication	JV-220
Prescribing Physician’s Statement—Attachment	Physician’s Statement—Attachment	JV-220(A)
Proof of Notice: Application for Psychotropic Medication	Proof of Notice of Application	JV-221
Opposition to or Statement About Application for Psychotropic Medication	Input on Application for Psychotropic Medication	JV-222
Order Regarding Application for Psychotropic Medication	Order on Application for Psychotropic Medication	JV-223

#### **Amendments after RUPRO Committee meeting**

After materials were posted online but before the RUPRO meeting on March 18, 2016, one of the sponsors of SB 238, the County Welfare Directors Association, emailed staff with several suggestions to improve the forms. The committee received these suggestions and has revised the forms to implement the suggestions the committee agreed with.

In addition, at the March 18, 2016, RUPRO meeting, the committee raised three substantive changes that were not in the Judicial Council Report submitted for that meeting. The RUPRO committee discussed these changes and agreed with them. These are:

- To address commentators’ concerns that questions on *Application for Psychotropic Medication* (form JV-220) were duplicative of questions on *Physician’s Statement—Attachment* (form JV-220(A)) and *Physician’s Request to Continue Medication—Attachment* (form JV-220(B)), revise the questions regarding whether mental health treatment alternatives to the proposed medications, or other psychotropic medications, have been used in the last six months to one question asking if the information in items 10 and 11 on form JV-220(A) or item 8 on form JV-220(B) are accurate to the best of the social worker or probation officer’s knowledge and whether they have additional information;
- In response to comments, amend rule 5.640(8)(D) to require that notice to the child’s tribe be to the tribal chairperson as required by section 224.2(a)(2); and

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<sup>3</sup> Please note that the comment chart refers to the form names as they circulated for public comment. In addition to the recommended changes indicated in the above chart, the committee is recommending different names for several new forms.

- Amend the rule, wherever possible to cross reference to statute rather than repeat statute.

## **Comments, Alternatives Considered, and Policy Implications**

### **Comments**

This proposal circulated for comment as part of the winter 2016 invitation to comment cycle, from December 11, 2015, to January 22, 2016, to the standard mailing list for family and juvenile law proposals. Included on the list were appellate presiding justices, appellate court administrators, trial court presiding judges, trial court executive officers, judges, court administrators and clerks, attorneys, family law facilitators and self-help center staff, social workers, probation officers, CASA programs, and other juvenile and family law professionals. The proposal was also sent to organizations that the Judicial Council was mandated to consult with in developing the rules and forms implementing the legislation: the State Department of Social Services, the State Department of Health Care Services, and stakeholders, including, but not limited to, the County Welfare Directors Association of California, the County Behavioral Health Directors Association of California, the Chief Probation Officers of California, associations representing current and former foster children, caregivers, and children's attorneys.

Thirty individuals or organizations provided comments; three agreed with the proposal, six agreed if modified, six opposed the proposal, and fifteen did not indicate a position. A chart with the full text of the comments received and the committee's responses is attached at pages 65–226.

In addition, after all the comments were reviewed and discussed by the committee, the committee convened a five-hour meeting with members of the committee and the SB 238 mandated stakeholders. Invitees included the County Behavioral Health Directors Association, California Academy of Child & Adolescent Psychiatry, California Psychiatric Association, National Center for Youth Law, East Bay Children's Law Office, Chief Probation Officers of California, County Welfare Directors Association, California Department of Social Services, Humboldt County Transition Age Youth Collaboration, State Department of Health Care Services, California Alliance of Child and Family Services, and the California Youth Connection. At this meeting the committee provided participants a summary of the comments received as well as a chart of all comments. The committee asked the stakeholders for additional feedback on key issues that arose from the comments, as well as allowed the attendees an opportunity to raise additional questions or concerns not highlighted by the committee.

As the comment chart demonstrates, this proposal generated significant comments. The issues that received the most comment or which raised critical issues are noted below; the comment chart contains responses to all the input received and what action the committee proposes for council action.

### ***Physician's Statement***

Many commentators, particularly physicians and organizations representing physicians, stated the length and level of detail required in the proposed *Physician's Statement—Attachment* (form

JV-220(A)) would discourage providers from pursuing psychotropic medication when it would be indicated and beneficial. The length, they commented, would result in decreased access to care: faced with the increased administrative burden, some psychiatrists and pediatricians would stop addressing the mental health needs of foster youth and increased time filling out the form would decrease time spent with the patient and family.

Some of the increased length comes from reformatting to allow more space for items that were already on the form. SB 238 also required additional questions and this committee added other questions that it believed were critical. The new questions on the proposed form that are not required by SB 238 are:

- How long have you been treating the child;
- In what capacity have you been treating the child;
- Making the administration schedule (dosage size and frequency) a mandatory rather than optional question; and
- The possible negative reactions to the medication that were told to the caregiver.

To address the concerns that form JV-220(A) is too long, the committee split it into two forms, one for initial requests and one for a continuing request by the same physician, to decrease the length of the form for renewal requests. The committee removed items 3, 7, 8, 10, 12(c), 13–16, 19, and 24 and created a new form *Physician’s Request to Continue Medication—Attachment* (form JV-220(B)) to decrease the amount of information and time needed to complete the form when the same physician is requesting a renewal of a medication previously authorized by the court. This would decrease the form from 6 to 4 pages.

Additionally, the committee rewrote two questions (items 10 and 11) that, as circulated for comment, called for six narrative answers to now ask two yes-or-no questions and two narrative questions.

### ***Providing parents a copy of form JV-220(A) with notice of an application***

As circulated for public comment, the proposal provided parents a copy of form JV-220(A) with notice of an application. Under the current rule, the parents receive only a statement that a physician is asking to treat the child’s emotional or behavioral problems by beginning or continuing the administration of psychotropic medication, the name of the medication, and a statement that an *Application for Psychotropic Medication* (form JV-220) and a *Physician’s Statement—Attachment* (form JV-220(A)) are pending before the court. Prior to circulation, the committee concluded that in order for the parents to provide meaningful input to the court, they needed to know what information was used as a basis for the proposed prescription and what alternatives, if any, could be tried in lieu of the proposed medication. It was the committee’s view that by providing the full application rather than merely notice that it is pending, the parents would have the information necessary to provide meaningful input to the court.

Many commentators, including physicians and child advocacy organizations, opposed providing parents a copy of form JV-220(A). These comments included concerns that it violated physician-

patient confidentiality and would limit the information the child provides to the physician. Commentators stated that if the physician was unable to ensure appropriate confidentiality, it would compromise the relationship with the child and the physician would not be able to gather information essential to treatment. Furthermore, compromising confidentiality would discourage children from engaging meaningfully in their mental health treatment because of their perception that personal information would be shared widely.

Several commentators also stated that providing a copy of form JV-220(A) violates the law. Commentators stated that providing form JV-220(A) to parents conflicts with several statutes enacted as part of Senate Bill 1407 (Leno; Stats 2012, ch. 657);<sup>4</sup> the language in each provision is identical:

Notwithstanding Section 3025 of the Family Code... or any other provision of law, a psychotherapist<sup>5</sup> who knows that a minor has been removed from the physical custody of his or her parent or guardian pursuant to Article 6... shall not allow the parent or guardian to inspect or obtain copies of mental health records of the minor patient. This restriction shall not apply if the juvenile court has issued an order authorizing the parent or guardian to inspect or obtain copies of the mental health records<sup>6</sup> of the minor patient after finding that such an order would not be detrimental to the minor patient.

Several physicians and physician-based organizations also commented that providing the form to parents could be a possible breach of the Health Insurance Portability and Accountability Act (HIPAA), which may have a chilling effect on the potential pool of providers for this population due to penalties related to HIPAA violations. HIPAA requires that except in very specific circumstances, a covered entity such as a physician share only the minimum necessary medical information with an outside entity to accomplish a specific, authorized purpose.<sup>7</sup>

The committee agrees with many of these comments and in light of physician-patient confidentiality, to ensure full disclosure to prescribing physicians, and to ensure the child's confidentiality is protected, no longer proposes that a copy of the JV-220(A) form be given to parents with notice of a request to administer psychotropic medication. The committee does not recommend that the council amend this portion of the rule to add new notice requirements.

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<sup>4</sup> Civ. Code, § 56.106; Health & Saf. Code, § 123116; and Welf. & Inst. Code, § 5328.03.

<sup>5</sup> Psychotherapist is broadly described in Evid. Code, § 1010 and includes 16 categories of health care professionals.

<sup>6</sup> "Mental health records" is broadly described in Health & Safety Code, § 123105 as patient records, or discrete portions thereof, specifically relating to evaluation or treatment of a mental disorder. "Mental health records" includes, but is not limited to, all alcohol and drug abuse records.

<sup>7</sup> 45 C.F.R. § 164.502(b)



***Providing caregivers a copy of form JV-220(A) with notice of an application***

Similar to the discussion above regarding providing parents a copy of form JV-220(A) with notice of an application, as circulated for public comment, the proposal provided caregivers a copy of form JV-220(A) with notice of an application. Commentators raised the same concerns as discussed above regarding violation of physician-patient confidentiality and possible breaches of HIPAA.

The committee agrees with many of these comments and in light of physician-patient confidentiality, to ensure full disclosure to prescribing physicians, and to ensure the child's confidentiality is protected, no longer proposes that a copy of the JV-220(A) form be given to caregivers with notice of a request to administer psychotropic medication. The committee does not recommend that the council amend this portion of the rule to add new notice requirements.

After consultation with the stakeholders, as mandated in SB 238, however, the committee recommends moving several items to the last two pages of form JV-220(A) and amending rule 5.640 to specify that the last two pages of the form and the medication information sheets (medication monographs) that the physician attached to form JV-220(A) must be provided to the caregiver with the copy of the court order. The moved items include whether the caregiver was informed of the request and what the possible adverse reactions could be; the therapeutic services other than medication, in which the child is enrolled in or is recommended to participate in;<sup>8</sup> and information regarding the medication treatment plan and follow-up. Moving these items to the last two pages and mandating that they be given with the order will ensure that the caregiver has the necessary information to monitor the medication and to know what services, other than medication, the child should participate in.

***Proposed rule and form amendments regarding temporary orders when application missing information***

Newly enacted sections 369.5(a)(2)(B)(iv) and 739.5(a)(2)(B)(iv) require the Judicial Council to develop rules and forms to address how to proceed if information, otherwise required to be included in a request for authorization, is not included in the request.

As circulated for public comment, the committee proposed amending rule 5.640(c) to allow for a temporary order granting the application if all the required information is not included in the request for authorization and amending rule 5.640(c)(14) to allow the court to temporarily grant the application for authorization for a period not to exceed 14 calendar days, or deny the application, and order the department to provide the required information. The circulated proposal also proposed revising *Order on Application for Psychotropic Medication* (form JV-

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<sup>8</sup> There was consensus from members of two physicians groups that there should be more emphasis on what was circulated as question 17 to ask for specific types of Evidence Based Practices and/or promising practices that have been provided/are available. The committee, after consultation with stakeholders, recommends expanding the list of therapeutic services the prescribing physician can recommend to include more evidence-based practices and promising practices including art therapy, Wraparound services, cognitive behavioral therapy (CBT), Therapeutic Behavioral Services (TBS), and American Indian/Alaska Native healing and cultural traditions.

223) to include an order that the application is temporarily granted and that the department is ordered to resubmit the application with the missing information.

Many commentators were opposed to 14-day temporary orders when not all the information is contained in the application. The committee has removed the proposed revisions regarding temporary orders from rule 5.640 and *Order on Application for Psychotropic Medication* (form JV-223). The committee recommends that the council revise the rule to mandate that if necessary information is missing from the application, the court must set a hearing and order the applicant to provide the missing information.

### ***Child and caregiver input at progress review hearings***

Newly enacted sections 369.5(a)(2)(B)(i) and 739.5(a)(2)(B)(i) require the Judicial Council to develop rules and forms to ensure that the child and his or her caregiver and court-appointed special advocate (CASA), if any, have an opportunity to provide input on the medications being prescribed.

To implement this requirement, the committee proposed amending rule 5.640(c) to allow the child, caregiver, CASA, parents, and Indian child's tribe to provide input to the court by the proposed new *Child's Opinion About the Medicine* (form JV-218) or *Statement About Medicine Prescribed* (form JV-219); a letter; talking to the judge; or through the social worker, probation officer, lawyer, or CASA. Input from the CASA would also be allowed by a court report.

Several commentators stated that the proposal allowed for input at the time of the request for medication only and did not—but should—allow for ongoing input.

The committee intended for the child and his or her caregiver and court-appointed special advocate (CASA), if any, to have an opportunity to provide input on the medications being prescribed and at any progress review of the prescribed medication. The committee recommends that the council revise the rule to make the ability to provide ongoing input more clear, and to provide notice of progress reviews which will include blank copies of the proposed new *Child's Opinion About the Medicine* (form JV-218) or *Statement About Medicine Prescribed* (form JV-219).

### ***Forms for Use by Social Workers and Probation Officers***

Several commentators stated that the mandatory forms for social workers and probation officers are beyond the scope of social worker and probation officer training.

Newly enacted sections 369.5(a)(2)(C) and 739.5(2)(C) require the Judicial Council to develop rules and forms to include a process for periodic oversight by the court of orders regarding the administration of psychotropic medication. To implement this requirement, the committee recommends that the council adopt for mandatory use at progress reviews *County Report on Psychotropic Medication* (form JV-224).

Some commentators noted that child psychiatry is nuanced and complex: treatment information being asked of probation officers and social workers calls for specialized knowledge generally possessed by medically trained professionals only, particularly the items asking for non-pharmacological and pharmacological treatment alternatives and, if none tried, the rationale for not doing so.

The committee concluded that the social worker or probation officer would be asking the physician these questions and reporting back to the court. The committee has also redrafted the questions regarding nonpharmacological and pharmacological treatment alternatives to discuss mental health treatment options and other psychotropic medications, areas that are well within the social worker or probation officer's knowledge as the child's case manager.

One large group representing county welfare directors did not oppose new forms, but requested that any of the information on form JV-220(A) not be repeated in the social worker forms. They commented that much of the information will need to be obtained from the prescribing physician, and they stated it is more appropriate for the physician to provide that information. Further, they commented that it would result in a significant workload on the social worker, and potentially could create liability issues for the worker to ensure the information is correct and complete.

The committee concluded that form JV-224 would be submitted for any progress reviews on medication. This will usually not be at the same time as the physician submits a form JV-220(A) with a request to reauthorize or change medication. The questions on the JV-224 are necessary to ensure that the court can meet the mandates in the newly enacted code sections that the periodic oversight include (1) the caregiver's and child's observations regarding the effectiveness of the medication and its side effects, (2) information on medication management appointments and other follow-up appointments with medical practitioners, and (3) information on the delivery of other mental health treatments.

Additionally, the committee circulated a proposed form, *Social Worker and Probation Officer's Attachment* (form JV-220(B)), that would have been submitted with form JV-220. To address several commentators concerns that requiring additional forms may result in delay if those forms are not completed, the committee no longer proposes this additional form. The committee has moved necessary questions from that proposed form into *Application for Psychotropic Medication* (form JV-220).

### ***Definition of caregiver***

The committee sought specific comment on whether there should be a definition of caregiver in the rule. Commentators were fairly equally divided on this question with half stating it was not necessary and half stating it would be helpful. What became obvious to the committee was that most of the commentators who wanted a definition, wanted one because it was unclear for children in group homes who would receive notice of the request for authorization and the order. The committee recommends that the council amend rule 5.640 to clarify that for children placed

in group homes, notice should be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.

### ***Public Health Nurses***

One group representing Public Health Nurses requested copies of the forms filled out by the prescribing physician and social worker or probation officer, for health care coordination and maintenance of the Health and Education Passport (HEP).

Senate Bill 319 (Bealle; Stats. 2015, ch. 5353) authorizes foster care public health nurses to provide oversight and monitoring of psychotropic medications for children in foster care. In this role, the commentator asserted it is necessary to receive copies of all the forms; most specifically, the forms filled out by the prescribing physician and social worker or probation officer. The commentator cited Civil Code section 56.103(a).<sup>9</sup>

The committee recommends that the council revise rule 5.640 to contain a cross-reference to the newly amended Civil Code section 56.103. This will enable each county to develop its own process and procedure regarding the release of these forms, based on its interpretation and understanding of the recent amendments to this code section.

### ***Other topics***

Commentators provided many suggestions on how the rule and forms could be improved that the committee agreed with. These suggestions included:

- Additional information that should be asked of the child and caregiver;
- A cross-reference in the rule to section 349 regarding the child's right to be present and participate at the hearing;
- Revisions to form JV-217-INFO to include the forms created by this proposal; and
- Additional types of placement options on the application form.

Additionally, one of the cosponsors of the legislation suggested that if on form JV-218 the box was checked indicating the child has not been told either how the medication is supposed to help or what the potential side effects are, that the rule mandate that the court deny the application. The committee concluded that the judge should have discretion in granting or denying these requests, and that mandating in the rule when the court must deny the request does not allow for discretion and could cause unnecessary delays. If the child checks the box indicating he or she has not been told either how the medication is supposed to help or what the potential side effects are, the court has many tools available to ensure the child is provided with this information

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<sup>9</sup> That section states: A provider of health care may disclose medical information to a county social worker, a probation officer, a foster care public health nurse acting pursuant to Section 16501.3 of the Welfare and Institutions Code, or any other person who is legally authorized to have custody or care of a minor for the purpose of coordinating health care services and medical treatment provided to the minor, including, but not limited to, the sharing of information related to screenings, assessments, and laboratory tests necessary to monitor the administration of psychotropic medications.

including talking with the child at the hearing, or continuing the matter for the child's attorney to speak with the child.

### **Alternatives**

In addition to the many alternatives discussed above in the Comments section, the committee considered renumbering the forms so that they were sequential and the numbers reflected the order the forms are actually filed. To do this, however, would require that the *Application for Psychotropic Medication* (form JV-220) be renumbered. Many jurisdictions use the form JV-220 as a term of art, however, referring to the psychotropic medication process as the "the JV-220" process. Because of this, and because the committee wanted the form to be easy to find, the committee numbered *Child's Opinion About the Medicine* as form JV-218 and *Statement About Medicine Prescribed* as form JV-219.

The committee also considered having two separate *Statement About Medicine Prescribed* forms, one for an initial request that addressed only the child's behaviors and description of current treatment, and a different form for a renewal request that addressed behaviors and treatment as well as the perceived benefits and side effects of the medication. The committee concluded that filling out the wrong form was likely and if that happened, the judicial officer would not have all the necessary information when deciding a renewal request, which could result in delays. The committee therefore decided to make one form, with instructions on which items to answer depending on the type of request made.

The committee also considered amending rule 5.640 with written court report requirements rather than mandating the use of *County Report on Psychotropic Medication* (form JV-224). However, given the length of time it often takes to update the statewide system that has court report templates, and how crucial the information provided by the social worker, probation officer, or public health nurse is to the court's newly mandated oversight role, the committee concluded that a mandatory form was a better way to ensure the court had all the information necessary to address the areas the court must consider at progress reviews.

### **Implementation Requirements, Costs, and Operational Impacts**

Many of the costs associated with the implementation of this proposal are due to mandates in SB 238.

The proposed notice requirements will impact courts and the person or persons responsible for providing notice under local court rules or local practice protocols. The newly proposed notice requirements for progress reviews did not circulate for public comment, and will increase workload and printing and mailing costs by requiring additional blank forms served with the notice of status review hearings, and additional notice for any psychotropic medication progress review that is not scheduled at the same time as a status review hearing. The committee concluded this extra workload is necessary to meet the requirement in SB 238 that the council develop rules and forms to ensure that the child and his or her caregiver and CASA, if any, have an opportunity to provide input on the medications being prescribed. Without notice of the

hearing, and without blank copies of the form intended to allow for easy input, the child and caregiver will be unable to provide the required input.

Providing notice with additional documents will likely result in minimal implementation costs and a slight increase in workload for the person or persons providing notice to the parties and attorneys. In implementing the revised forms, courts will incur standard reproduction costs.

By requiring increased information in the *Physician's Statement—Attachment* (form JV-220(A)) and mandating additional information in the *Application for Psychotropic Medication* (form JV-220), this proposal could reduce delays in obtaining orders for psychotropic medications and could reduce the number of hearings a judicial officer must set to obtain the information necessary to make an informed decision on the request to administer psychotropic medication.

Requiring social workers and probation officers to complete additional questions in *Application for Psychotropic Medication* (form JV-220) and the new *County Report on Psychotropic Medication* (form JV-224) will result in slight implementation costs and will increase workload. The committee, however, feels the information requested in these forms is critical to meet the mandates of SB 238.

### **Attachments and Links**

1. Proposed Cal. Rules of Court, rule 5.640, attached at pages 23-30
2. Proposed forms JV-217-INFO, JV-218, JV-219, JV-220, JV-220(A), JV-220(B), JV-221, JV-222, JV-223, and JV-224, attached at pages 31-64
3. Chart of comments, at pages 65-226
4. Senate Bill 238:  
[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160SB238](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB238)

Rule 5.640 of the California Rules of Court would be amended, effective July 1, 2016, to read:

1 **Rule 5.640. Psychotropic medications**

2  
3 (a) \* \* \*

4  
5 (b) **Authorization to administer (§§ 369.5, 739.5)**

6  
7 (1)–(2) \* \* \*

8  
9 (3) The court must grant or deny the application using *Order on Application for Psychotropic Medication* (form JV-223).

10  
11  
12 (c) **Procedure to obtain authorization**

13  
14 (1) *Application Regarding Psychotropic Medication* (form JV-220), *Prescribing Physician's Statement—Attachment* (form JV-220(A)), *Proof of Notice: Application Regarding Psychotropic Medication* (form JV-221), *Opposition to Application Regarding Psychotropic Medication* (form JV-222), and *Order Regarding Application for Psychotropic Medication* (form JV-223) must be used to To obtain authorization to administer psychotropic medication to a dependent child of the court who is removed from the custody of the parents or guardian, or to a ward of the court who is removed from the custody of the parents or guardian and placed into foster care, the following forms must be completed and filed with the court:

15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25 (A) *Application for Psychotropic Medication* (form JV-220); and

26  
27 (B) *Physician's Statement—Attachment* (form JV-220(A) unless the request is to continue the same medication and maximum dosage by the same physician that completed the most recent JV-220(A); then the physician may complete *Prescribing Physician's Request to Continue Medication—Attachment* (form JV-220(B)).

28  
29  
30  
31  
32  
33 (2) The child, caregiver, parents, child's Indian tribe, and Court Appointed Special Advocate, if any, may provide input on the medications being prescribed.

34  
35  
36  
37 (A) Input can be by *Child's Opinion About the Medicine* (form JV-218) or *Statement About Medicine Prescribed* (form JV-219); letter; talking to the judge at a court hearing; or through the social worker, probation officer, attorney of record, or Court Appointed Special Advocate.

38  
39  
40  
41  
42 (B) If form JV-218 or form JV-219 is filed, it must be filed within four court days after receipt of notice of the pending application for psychotropic medication.

1           (C) Input from a Court Appointed Special Advocate can also be by a court  
2           report under local rule.

3  
4           (3) Input on Application for Psychotropic Medication (form JV-222) may be filed  
5           by a parent or guardian, his or her attorney of record, a child’s attorney of  
6           record, a child’s Child Abuse Prevention and Treatment Act guardian ad litem  
7           appointed under rule 5.662 of the California Rules of Court, or the Indian  
8           child’s tribe. If form JV-222 is filed, it must be filed within four court days of  
9           receipt of notice of the application.

10  
11          ~~(2)~~ (4) Additional information may be provided to the court through the use of local  
12          forms that are consistent with this rule.

13  
14          ~~(3)~~ (5) Local county practice and local rules of court determine the procedures for  
15          completing and filing the forms and for the provision of notice, except as  
16          otherwise provided in this rule. The person or persons responsible for  
17          providing notice as required by local court rules or local practice protocols  
18          are encouraged to use the most expeditious manner of service possible to  
19          ensure timely notice.

20  
21          ~~(4)~~ An application must be completed and presented to the court, using  
22          *Application Regarding for Psychotropic Medication (form JV-220)*, and  
23          ~~*Prescribing Physician’s Statement—Attachment (form JV-220(A))*~~. The court  
24          must approve, deny or set the matter for a hearing within seven court days of  
25          the receipt of the completed application.

26          ~~(5)~~ (6) Application Regarding for Psychotropic Medication (form JV-220) may be  
27          completed by the prescribing physician, medical office staff, child welfare  
28          services staff, probation officer, or the child’s caregiver. If the applicant is the  
29          social worker or probation officer, he or she must complete all items on form  
30          JV-220. The physician prescribing the administration of psychotropic  
31          medication for the child must complete and sign *Prescribing Physician’s*  
32          *Statement—Attachment (form JV-220(A))* or if it is a request to continue the  
33          same medication by the same physician that completed the most recent JV-  
34          220(A), then the physician may complete and sign *Physician’s Request to*  
35          *Continue Medication—Attachment (form JV-220(B))*.

36          (7) The court must approve, deny, or set the matter for a hearing within seven  
37          court days of the receipt of the completed JV-220 and JV-220(A) or (B).

38  
39          (6) ~~*Prescribing Physician’s Statement—Attachment (form JV-220(A))*~~ must  
40          include all of the following:

41  
42          (A) ~~The diagnosis of the child’s condition that the physician asserts can be~~  
43          treated through the administration of the medication;  
44



- 1                   ~~(B) The specific medication recommended, with the recommended~~  
2                   ~~maximum daily dosage and length of time this course of treatment will~~  
3                   ~~continue;~~  
4  
5                   ~~(C) The anticipated benefits to the child of the use of the medication;~~  
6  
7                   ~~(D) A description of possible side effects of the medication;~~  
8  
9                   ~~(E) A list of any other medications, prescription or otherwise, that the child is~~  
10                  ~~currently taking, and a description of any effect these medications may~~  
11                  ~~produce in combination with the psychotropic medication;~~  
12  
13                  ~~(F) A description of any other therapeutic services related to the child's~~  
14                  ~~mental health status; and~~  
15  
16                  ~~(G) A statement that the child has been informed in an age appropriate~~  
17                  ~~manner of the recommended course of treatment, the basis for it, and its~~  
18                  ~~possible results. The child's response must be included.~~

19  
20                  ~~(7)~~(8) Notice must be provided to the parents or legal guardians, their attorneys of  
21                  record, the child's attorney of record, the child's Child Abuse Prevention and  
22                  Treatment Act guardian ad litem, the child's current caregiver, the child's  
23                  Court Appointed Special Advocate, if any, and where a child has been  
24                  determined to be an Indian child, the Indian child's tribe (see also 25 U.S.C.  
25                  § 1903(4)–(5); Welf. and Inst. Code, §§ 224.1(a) and (e) and 224.3). If the  
26                  child is living in a group home, notice to the caregiver must be by notice to  
27                  the group home administrator, or to the administrator's designee, as defined  
28                  in California Code of Regulations, regulation 84064.

29  
30                  Notice must be provided as follows:

- 31  
32                  (A) Notice to the parents or legal guardians and their attorneys of record  
33                  must include:  
34  
35                       (i) A statement that a physician is asking to treat the child's  
36                       emotional or behavioral problems by beginning or continuing the  
37                       administration of psychotropic medication to the child and the  
38                       name of the psychotropic medication;  
39  
40                       (ii) A statement that an *Application Regarding for Psychotropic*  
41                       *Medication* (form JV-220) and a *Prescribing Physician's*  
42                       *Statement—Attachment* (form JV-220(A)) or *Physician's Request*  
43                       *to Continue—Attachment* (form JV-220(B)) are pending before  
44                       the court;  
45

- 1 (iii) A copy of *Information About Guide to Psychotropic Medication*  
2 *Forms* (form ~~JV-219-INFO~~ JV-217-INFO); ~~or information on~~  
3 ~~how to obtain a copy of the form~~; and  
4  
5 (iv) A blank copy of *Statement About Medicine Prescribed* (form JV-  
6 219); and  
7  
8 (iv) (v) A blank copy of ~~*Opposition to Input on Application Regarding*~~  
9 ~~*for Psychotropic Medication* (form JV-222) or information about~~  
10 ~~how to obtain a copy of the form.~~

11  
12 (B) Notice to the child’s current caregiver and Court Appointed Special  
13 Advocate, if one has been appointed, must include only:

- 14  
15 (i) A statement that a physician is asking to treat the child’s  
16 emotional or behavioral problems by beginning or continuing the  
17 administration of psychotropic medication to the child and the  
18 name of the psychotropic medication; ~~and~~  
19  
20 (ii) A statement that an *Application Regarding for Psychotropic*  
21 *Medication* (form JV-220) and a ~~*Prescribing Physician’s*~~  
22 ~~*Statement—Attachment* (form JV-220(A)) or *Prescribing*~~  
23 ~~*Physician’s Request to Continue—Attachment* (form JV-220(B))~~  
24 are pending before the court;  
25  
26 (iii) A copy of *Guide to Psychotropic Medication Forms* (form JV-  
27 217-INFO);  
28  
29 (iv) A blank copy of *Child’s Opinion About the Medicine* (form JV-  
30 218); and  
31  
32 (v) A blank copy of *Statement About Medicine Prescribed* (form JV-  
33 219).  
34

35 (C) Notice to the child’s attorney of record and any Child Abuse Prevention  
36 and Treatment Act guardian ad litem for the child must include:

- 37  
38 (i) A completed copy of ~~the~~ *Application Regarding for Psychotropic*  
39 *Medication* (form JV-220);  
40  
41 (ii) A completed copy of ~~the~~ *Prescribing Physician’s Statement—*  
42 *Attachment* (form JV-220(A)) ~~or *Prescribing Physician’s Request*~~  
43 ~~*to Continue Medication—Attachment* (form JV-220(B))~~;  
44

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- (iii) A copy of *Information About Psychotropic Medication Forms* (form ~~JV-219-INFO~~ JV-217-INFO) or information on how to obtain a copy of the form; ~~and~~
- (iv) A blank copy of *Opposition to Input on Application Regarding for Psychiatric Psychotropic Medication* (form JV-222) or information on how to obtain a copy of the form.; and
- (v) A blank copy of *Child's Opinion About the Medicine* (form JV-218) or information on how to obtain a copy of the form.

(D) Notice to the Indian child's tribe must include:

- (i) A statement that a physician is asking to treat the child's emotional or behavioral problems by beginning or continuing the administration of psychotropic medication to the child, and the name of the psychotropic medication;
- (ii) A statement that an *Application Regarding for Psychotropic Medication* (form JV-220) and a *Prescribing Physician's Statement—Attachment* (form JV-220(A)) or *Physician's Request to Continue Medication—Attachment* (form JV-220(B)) are pending before the court;
- (iii) A copy of ~~*Information About*~~ *Guide to Psychotropic Medication Forms* (form ~~JV-219-INFO~~ JV-217-INFO) or information on how to obtain a copy of the form; ~~and~~
- (iv) A blank copy of *Opposition to Input on Application Regarding for Psychotropic Medication* (form JV-222) or information on how to obtain a copy of the form.; and
- (v) A blank copy of *Child's Opinion About the Medicine* (form JV-218) or information on how to obtain a copy of the form.
- (vi) A blank copy of *Statement About Medicine Prescribed* (form JV-219) or information on how to obtain a copy of the form.

(E) Proof of notice of the application regarding psychotropic medication must be filed with the court using *Proof of Notice of Application Regarding Psychotropic Medication* (form JV-221).

- (8) ~~A parent or guardian, his or her attorney of record, a child's attorney of record, a child's Child Abuse Prevention and Treatment Act guardian ad litem appointed under rule 5.662 of the California Rules of Court, or the Indian child's tribe that is opposed to the administration of the proposed~~

1            ~~psychotropic medication must file a completed *Opposition to Application*~~  
2            ~~*Regarding Psychotropic Medication* (form JV 222) within four court days of~~  
3            ~~service of notice of the pending application for psychotropic medication.~~  
4

5            (9) If all the required information is not included in the request for authorization,  
6            the court must order the applicant to provide the missing information and set  
7            a hearing on the application.  
8

9            ~~(9)~~ (10) The court may grant the application without a hearing or may set the  
10            matter for hearing at the court's discretion. If the court sets the matter for a  
11            hearing, the clerk of the court must provide notice of the date, time, and  
12            location of the hearing to the parents or legal guardians, their attorneys of  
13            record, the dependent child if 12 years of age or older, a ward of the juvenile  
14            court of any age, the child's attorney of record, the child's current caregiver,  
15            the child's social worker or probation officer, the social worker's or  
16            probation officer's attorney of record, the child's Child Abuse Prevention and  
17            Treatment Act guardian ad litem, the child's Court Appointed Special  
18            Advocate, if any, and the Indian child's tribe at least two court days before  
19            the hearing. Notice must be provided to the child's probation officer and the  
20            district attorney, if the child is a ward of the juvenile court.  
21

22            (d) **Conduct of hearing on application**  
23

24            At the hearing on the application, the procedures described in rule 5.570 and  
25            section 349 must be followed. The court may deny, grant, or modify the application  
26            for authorization. ~~and may~~ If the court grants or modifies the application for  
27            authorization, the court must set a date for review of the child's progress and  
28            condition. This review must occur at every status review hearing and may occur at  
29            any other time at the court's discretion.  
30

31            (e) \* \* \*

32  
33            (f) **Continued treatment**  
34

35            If the court grants the request or modifies and then grants the request, the order for  
36            authorization is effective until terminated or modified by court order or until 180  
37            days from the order, whichever is earlier.

38            ~~If a progress review is set, it may be by an appearance hearing or a report to the~~  
39            ~~court and parties and attorneys, at the discretion of the court.~~  
40

41            (g) **Progress review**  
42

43            (1) After approving any application for authorization, regardless of whether the  
44            approval is made at a hearing, the court must set a progress review.  
45

- 1           (2) A progress review must occur at every status review hearing and may occur  
2           at any other time at the court's discretion.
- 3
- 4           (3) If the progress review is held at the time of the status review hearing, notice  
5           under section 293 or 295 must include a statement that the hearing will also  
6           be a progress review on previously ordered psychotropic medication, and  
7           must include a blank copy of *Child's Opinion About the Medicine* (form JV-  
8           218) and a blank copy of *Statement About Medicine Prescribed* (form JV-  
9           219).
- 10
- 11          (4) If the progress review is not held at the time of the status review hearing,  
12          notice must be provided as required under section 293 or 295; must include a  
13          statement that the hearing will be a progress review on previously ordered  
14          psychotropic medication; and must include a blank copy of *Child's Opinion*  
15          *About the Medicine* (form JV-218) and a blank copy of *Statement About*  
16          *Medicine Prescribed* (form JV-219).
- 17
- 18          (5) Before each progress review, the social worker or probation officer must file  
19          a completed *County Report About Psychotropic Medication* (form JV-224)  
20          at least 10 calendar days before the hearing. If the progress review is set at  
21          the same time as a status review hearing, form JV-224 must be attached to  
22          and filed with the report.
- 23
- 24          (6) The child, caregiver, parents, and Court Appointed Special Advocate, if any,  
25          may provide input at the progress review as stated in (c)(2).
- 26
- 27          (7) At the progress review, the procedures described in section 349 must be  
28          followed.
- 29

30   **(h) Copy of order to caregiver**

31

- 32          (1) Upon the approval or denial of the application, the county child welfare  
33          agency, probation department, or other person or entity who submitted the  
34          request must provide the child's caregiver with a copy of the court order  
35          approving or denying the request.
- 36
- 37          (2) The copy of the order must be provided in person or mailed within two days  
38          of when the order is signed.
- 39
- 40          (3) If the court approves the request, the copy of the order must include the last  
41          two pages of form JV-220(A) and all medication information sheets  
42          (medication monographs) that were attached to form JV-220(A).
- 43

1           (4) If the child resides in a group home, a copy of the order, the last two pages of  
2           form JV-220(A), and all medication information sheets (medication  
3           monographs) that were attached to the JV-220(A) must be provided to the  
4           group home administrator, or to the administrator’s designee, as defined in  
5           California Code of Regulations, regulation 84064.

6  
7           (5) If the child changes placement, the social worker or probation officer must  
8           provide the new caregiver with a copy of the order, the last two pages of form  
9           JV-220(A), and the medication information sheets (medication monographs)  
10          that were attached to form JV-220(A).

11  
12          ~~(g)~~ **(i)** \* \* \*

13  
14          ~~(h)~~ **(j)** **Section 601–602 wardships; local rules**

15  
16                 A local rule of court may be adopted providing that authorization for the  
17                 administration of such medication to a child declared a ward of the court under  
18                 sections 601 ~~and~~ or 602 and removed from the custody of the parent or guardian for  
19                 placement in a facility that is not considered a foster-care placement may be  
20                 similarly restricted to the juvenile court. If the local court adopts such a local rule,  
21                 then the procedures under this rule apply; any reference to social worker also  
22                 applies to probation officer.

23  
24          **(k)**    **Public health nurses**

25  
26                 Information may be provided to public health nurses as governed by Civil Code  
27                 section 56.103.

28

## Pages 31–39 ARE TO BE DISTRIBUTED

The following forms are forthcoming:

- *Guide to Psychotropic Medication Forms* (form JV-217-INFO)
- *Child's Opinion About the Medicine* (form JV-218)
- *Statement About Medicine Prescribed* (form JV-219)

*Clerk stamps date here when form is filed.*

**DRAFT**

**Not approved by  
the Judicial  
Council**

A completed and signed Form JV-220(A), *Prescribing Physician's Statement—Attachment, or Prescribing Physician's Statement, Request to Continue—Attachment* (Form JV-220(B)) with all its attachments must be attached to this form before it is filed with the court. Read Form JV-217-INFO, *Information About Psychotropic Medication Forms*, for more information about the required forms and the application process.

*Fill in court name and street address:*

**Superior Court of California, County of**

*Fill in child's name and date of birth:*

**Child's Name**

**Date of Birth:**

*Court fills in case number when form is filed.*

**Case Number:**

**1** Information about where the child lives:

- a. The child lives  with a relative  in a foster home
  - with a nonrelative extended family member
  - group home, level \_\_\_\_\_  at a juvenile custodial facility
  - short term residential treatment center
  - other (*specify*): \_\_\_\_\_

b. If applicable, name of facility where child lives: \_\_\_\_\_

c. Contact information for responsible adult where child lives:

- (1) Name:
- (2) Phone:

d. Child has lived at the placement in (a) since (*insert date*): \_\_\_\_\_

**2** Information about the child's current location:

- a.  The child remains at the location identified in **1**.
- b.  The child is currently staying in:
  - (1)  a psychiatric hospital (*name*):
  - (2)  a juvenile hall (*name*):
  - (3)  other (*specify*):

**3** Child's  social worker  probation officer

- a. Name:
- b. Address:
- c. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**4** Number of pages attached:

Date:

\_\_\_\_\_  
*Type or print name of person completing this form*

\_\_\_\_\_  
*Signature*

- Medical office staff (*sign above*)
- Caregiver (*sign above*)
- Prescribing physician (*sign on page 6 of JV-220(A) or page 4 of JV-220(B)*)



Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

If you are the child's social worker or probation officer, you must fill out items 5-13 of this form. If you do not know the answer to a question write "I do not know."

5 Describe if the child has shared feelings about starting to take medication. If this is a request to renew or modify medication, include what the child reports regarding the benefits and side effects of having taken the medication.

6 The child will provide input on the medication being prescribed (check all that apply):

- a. through the social worker/probation officer
b. through their attorney
c. through their CASA
d. by filling out JV-218
e. by writing a letter to the judge
f. by talking to the judge at a hearing
g. other (specify):

7 Describe what the caregiver reports regarding the child being placed on the medication. If this is a request to renew or modify medication, include what the caregiver reports regarding the benefits and side effects of having the child take medication.

8 The caregiver will provide input on the medication being prescribed (check all that apply):

- a. through the social worker/probation officer
b. by filling out JV-219
c. by writing a letter to the judge
d. by talking to the judge at a hearing
e. other (specify):

9 a. Is the information provided by the physician on Form JV-220(A) at questions 10 and 11 or on Form JV-220(B) at question 8 accurate, to the best of your knowledge?
Yes No I do not know

b. Do you have additional information about mental health treatment alternatives to the proposed medications that have been used in the last six months? Yes No If yes, explain:

Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

9 c. Do you have additional information to add about other psychotropic medications that have been tried in the last six month?  Yes  No If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. List the psychotropic medications that you know were taken by the child in the past and the reason or reasons these were stopped if the reasons are known to you.

Medication name (generic or brand)	Reason for stopping

10 Therapeutic services, other than medication, in which the child is enrolled in or is recommended to participate during the next six months (check all that apply; include frequency):

- a.  Group therapy: \_\_\_\_\_
- b.  Individual therapy: \_\_\_\_\_
- c.  Milieu therapy (explain): \_\_\_\_\_
- d.  Therapeutic Behavioral Services (TBS) \_\_\_\_\_
- e.  Therapy for children on the autism spectrum \_\_\_\_\_
- f.  Art therapy \_\_\_\_\_
- g.  Cognitive behavioral therapy (CBT) \_\_\_\_\_
- h.  Wraparound services \_\_\_\_\_
- i.  American Indian/Alaska Native healing and cultural traditions \_\_\_\_\_
- j.  Speech therapy \_\_\_\_\_
- k.  In Home Behavioral Services (IHBS) \_\_\_\_\_
- l.  Other modality (explain): \_\_\_\_\_

11 What other services could benefit or enhance the child's well-being? (For example, sports, art, extracurricular activities.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's name: \_\_\_\_\_

**12** What comments, if any, do you have regarding the application? What else do you want the judge to know?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13**  Check here if you need more space for any of the items. Write the item number and additional information here. If you need more space, attach a sheet or sheets of paper.

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 \_\_\_\_\_

Date: \_\_\_\_\_

*Type or print name of person completing this form* \_\_\_\_\_

Signature \_\_\_\_\_  
 Child welfare services staff (*sign above*)  
 Probation department staff (*sign above*)

**JV-220(A)**

**Physician's Statement—  
Attachment**

Case Number:

This form must be completed and signed by the prescribing physician. Read Form JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application process.

1 Information about the child (name): \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Current height: \_\_\_\_\_ Current weight: \_\_\_\_\_  
Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

2 Type of request:  
a.  An initial request to administer psychotropic medication to this child  
b.  A request to start a new medication or to increase the maximum dose of a previously approved medication  
c.  A request to continue psychotropic medication the child is currently taking

3  This application is made during an emergency situation as defined in California Rules of Court, rule 5.640(g). The emergency circumstances requiring the temporary administration of psychotropic medication pending the court's decision on this application are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4 Prescribing physician:  
a. Name: \_\_\_\_\_ License number: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Phone numbers: \_\_\_\_\_  
d. Medical specialty of prescribing physician:  
 Child/adolescent psychiatry     General psychiatry     Family practice/GP     Pediatrics  
 Other (specify): \_\_\_\_\_  
e. How long have you been treating the child?     years     months     days  
f. In what capacity have you been treating the child (e.g., treating psychiatrist, treating pediatrician)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5 This request is based on a face-to-face clinical evaluation of the child by:  
a.  the prescribing physician on (date): \_\_\_\_\_  
b.  other (provide name, professional status, and date of evaluation): \_\_\_\_\_  
\_\_\_\_\_

6 Information about child provided to the prescribing physician by (check all that apply):  
 child     caregiver     teacher     social worker     probation officer     parent  
 public health nurse     tribe  
 records (specify): \_\_\_\_\_  
 other (specify): \_\_\_\_\_



Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

7 Provide to the court your assessment of the child's overall mental health.  I don't know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8 Describe the child's symptoms, including duration, and the child's treatment plan.  I don't know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9 Describe the child's response to any current psychotropic medication.  I don't know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 a. Have nonpharmacological treatment alternatives to the proposed medications been tried in the last six months?  
 Yes  No  I don't know.

b. If yes, describe the treatment and the child's response. If no, explain why not.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

11 a. Have other nonpharmacological treatment alternatives to the proposed medications been tried in the last six months?

Yes     No     I don't know.

b. If yes, describe the treatment and the child's response. If no, explain why not.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

c. List the psychotropic medications that you know were taken by the child in the past and the reason or reasons these were stopped if the reasons are known to you.

<i>Medication name (generic or brand)</i>	<i>Reason for stopping</i>

12 Describe the symptoms not alleviated or ameliorated by other current or past treatment efforts.     I don't know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13 What symptoms are expected to improve with the medication being prescribed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Child's name: \_\_\_\_\_

**14** Diagnoses from *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*; inclusion of alpha numeric codes is optional.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**15** Relevant medical history (*describe, specifying significant medical conditions, all current nonpsychotropic medications, date of last physical examination, and any recent abnormal laboratory results*):

I don't know.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16** a.  All essential laboratory tests were performed.

b.  All essential laboratory tests were not performed (*explain what laboratory tests were not done and why*).

\_\_\_\_\_

\_\_\_\_\_

**17** a.  The child was told in an age-appropriate manner about the recommended medications, the anticipated benefits, the possible side effects, and that a request to the court for permission to begin and/or continue the medication will be made and that he or she may oppose the request. The child's response was

agreeable       not agreeable

Briefly describe child's response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b.  The child has not been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions because:

(1)  the child lacks the capacity to provide a response (*explain*): \_\_\_\_\_

(2)  other (*explain*): \_\_\_\_\_

Child's name: \_\_\_\_\_

18 a.  The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions which include:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The caregiver's response was  agreeable  other (*explain*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19 Therapeutic services, other than medication, in which the child is enrolled in or is recommended to participate during the next six months (*check all that apply; include frequency for therapy*):

- a.  Group therapy: \_\_\_\_\_ b.  Individual therapy: \_\_\_\_\_
- c.  Milieu therapy (*explain*): \_\_\_\_\_
- d.  Therapeutic Behavioral Services (TBS) \_\_\_\_\_
- e.  Therapy for children on the autism spectrum \_\_\_\_\_
- f.  Art therapy \_\_\_\_\_
- g.  Cognitive behavioral therapy (CBT) \_\_\_\_\_
- h.  Wraparound services \_\_\_\_\_
- i.  American Indian/Alaska Native healing and cultural traditions \_\_\_\_\_
- j.  Speech therapy \_\_\_\_\_
- k.  In Home Behavioral Services (JHBS) \_\_\_\_\_
- l.  Other modality (*explain*): \_\_\_\_\_

20 **Mandatory Information Attached:** Significant side effects, warnings/contraindications, drug interactions (including those with continuing psychotropic medication and all nonpsychotropic medication currently taken by the child), and withdrawal symptoms for each recommended medication are included in the attached material.

21 Additional information regarding medication treatment plan and follow up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

**22** List all psychotropic medications currently administered that you propose to continue and all psychotropic medications you propose to begin administering. Mark each psychotropic medication as New (N) or Continuing (C).

<i>Medication name (generic/brand) and class, and symptoms targeted by each medication's anticipated benefit to child</i>	<i>C or N</i>	<i>Maximum total mg/day</i>	<i>Treatment duration*</i>	<i>Administration schedule</i> <ul style="list-style-type: none"> <li>• Initial and target schedule for new medication</li> <li>• Current schedule for continuing medication</li> <li>• Provide mg/dose and # of doses/day</li> <li>• If PRN, provide conditions and parameters for use</li> </ul>
Med: Class: Targets:				
Med: Class: Targets:				
Med: Class: Targets:				
Med: Class: Targets:				

\*Authorization to administer the medication is limited to this time frame or six months from the date the order is issued, whichever occurs first.

**23** Other information about the prescribed medication that you want the court to know (e.g., why prescribing more than one medication in a class, why prescribing outside the approved range, or why prescribing medication not approved for a child of this age)


**24** List all psychotropic medications currently administered that will be stopped if this application is granted.

<i>Medication name (generic or brand)</i>	<i>Reason for stopping</i>	<i>Stop immediately or over period of time? (specify, including time)</i>

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print name of prescribing physician*

▶  
 \_\_\_\_\_  
*Signature of prescribing physician*

**JV-220(B)**

**Physician's Request to Continue Medication—Attachment**

Case Number:

This form must be completed and signed by the prescribing physician. Read Form JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application process.

1 Information about the child (*name*): \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Current height: \_\_\_\_\_ Current weight: \_\_\_\_\_  
Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

2 Only fill out this form if both boxes below are checked. If you can not check both boxes, fill out Form JV-220(A).  
a.  This is a request to continue the same psychotropic medication and maximum dosage that the child is currently taking.  
b.  This is the same prescribing physician as the most recent JV-220(A).

3 Prescribing physician:  
a. Name: \_\_\_\_\_ License number: \_\_\_\_\_  
b. Address: \_\_\_\_\_  
c. Phone numbers: \_\_\_\_\_  
d. Medical specialty of prescribing physician:  
 Child/adolescent psychiatry     General psychiatry     Family practice/GP     Pediatrics  
 Other (*specify*): \_\_\_\_\_

4 This request is based on a face-to-face clinical evaluation of the child by:  
a.  the prescribing physician on (*date*): \_\_\_\_\_  
b.  other (*provide name, professional status, and date of evaluation*): \_\_\_\_\_

5 Information about child provided to the prescribing physician by (*check all that apply*):  
 child     caregiver     teacher     social worker     probation officer     parent  
 public health nurse     tribe  
 records (*specify*): \_\_\_\_\_  
 other (*specify*): \_\_\_\_\_

6 Provide to the court your assessment of the child's overall mental health.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Case Number:

Child's name: \_\_\_\_\_

7 Describe the child's response to any current psychotropic medication.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8 a. Have other nonpharmacological treatment alternatives to the proposed medications been tried in the last six months?

Yes       No       I don't know.

b. If yes, describe the treatment and the child's response. If no, explain why not.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9 Describe the symptoms not alleviated or ameliorated by other current or past treatment efforts.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10 a. Relevant medical history (*describe, specifying significant medical conditions, all current nonpsychotropic medications, date of last physical examination, and any recent abnormal laboratory results*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

- 11 a.  All essential laboratory tests were performed.
- b.  All essential laboratory tests were not performed (*explain what laboratory tests were not done and why*).

\_\_\_\_\_  
\_\_\_\_\_

- 12 a.  The child was told in an age-appropriate manner about the recommended medications, the anticipated benefits, the possible side effects, and that a request to the court for permission to begin and/or continue the medication will be made and that he or she may oppose the request. The child's response was

agreeable       not agreeable

Briefly describe child's response: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- b.  The child has not been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions because:

(1)  the child lacks the capacity to provide a response (*explain*): \_\_\_\_\_

(2)  other (*explain*): \_\_\_\_\_

- 13 a.  The child's present caregiver was informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions which include:

\_\_\_\_\_  
\_\_\_\_\_

The caregiver's response was  agreeable       other (*explain*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b.  The child's present caregiver was not informed of this request, the recommended medications, the anticipated benefits, and the possible adverse reactions which include:

\_\_\_\_\_  
\_\_\_\_\_

- 14 Additional information regarding medication treatment plan and follow-up: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

15 Therapeutic services, other than medication, in which the child is enrolled in or is recommended to participate during the next six months (check all that apply; include frequency for group therapy and individual therapy):

- a.  Group therapy: \_\_\_\_\_ b.  Individual therapy: \_\_\_\_\_
- c.  Milieu therapy (explain): \_\_\_\_\_
- d.  Therapeutic Behavioral Services (TBS) \_\_\_\_\_
- e.  Therapy for children on the autism spectrum \_\_\_\_\_
- f.  Art therapy \_\_\_\_\_ g.  Cognitive behavioral therapy (CBT) \_\_\_\_\_
- h.  Wraparound services \_\_\_\_\_
- i.  American Indian/Alaska Native healing and cultural traditions \_\_\_\_\_
- j.  Speech therapy \_\_\_\_\_
- k.  In Home Behavioral Services (IHBS) \_\_\_\_\_
- l.  Other modality (explain): \_\_\_\_\_

16 List all psychotropic medications currently administered that you propose to continue. Mark each psychotropic medication as Continuing (C).

<i>Medication name (generic/brand) and symptoms targeted by each medication's anticipated benefit to child</i>	<i>C or N</i>	<i>Maximum total mg/day</i>	<i>Treatment duration*</i>	<i>Administration schedule</i> <ul style="list-style-type: none"> <li>• Initial and target schedule for new medication</li> <li>• Current schedule for continuing medication</li> <li>• Provide mg/dose and # of doses/day</li> <li>• If PRN, provide conditions and parameters for use</li> </ul>
Med: Class: Targets:				
Med: Class: Targets:				
Med: Class: Targets:				
Med: Class: Targets:				

\*Authorization to administer the medication is limited to this time frame or six months from the date the order is issued, whichever occurs first.

17 Other information about the prescribed medication that you want the court to know (e.g. why prescribing more than one medication in a class, why prescribing outside the approved range, or why prescribing medication not approved for a child of this age):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:

\_\_\_\_\_  
Type or print name of prescribing physician

\_\_\_\_\_  
Signature of prescribing physician

Clerk stamps date here when form is filed.

Read Form JV-217-INFO, Guide to Psychotropic Medication Forms, for more information about the required forms and the application process.

DRAFT - Not approved by the Judicial Council

1 The following parents/legal guardians of the child were notified of the physician's request to begin and/or to continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided with Form JV-217-INFO, Guide to Psychotropic Medication Forms, a blank copy of Form JV-219, Statement About Medicine Prescribed and a blank copy of Form JV-222, Input on Application for Psychotropic Medication.

Fill in court name and street address:

Superior Court of California, County of

a. Name: Date notified: Relationship to child: Manner: In person By phone at (specify): By electronic service at (e-mail address):

Fill in child's name and date of birth:

Child's Name Date of Birth:

By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify):

Court fills in case number when form is filed.

Case Number:

b. Name: Date notified: Relationship to child: Manner: In person By phone at (specify): By electronic service at (e-mail address):

(time sent): By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify):

c. Name: Date notified: Relationship to child: Manner: In person By phone at (specify): By electronic service at (e-mail address): (time sent):

By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (specify):

2 Parental rights were terminated, and the child has no legal parents who must be informed.

3 Parent/legal guardian (name): was not informed because (state reason):

4 Parent/legal guardian (name): was not informed because (state reason):

5 The child's current caregiver was notified that a physician is asking to treat the child with psychotropic medication and that an application is pending before the court. The caregiver was provided Form JV-217-INFO, Guide to Psychotropic Medication Forms and a blank copy of Form JV-219, Statement About Medicine Prescribed, or information on how to obtain a copy of the form as follows:



Case Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

5 Caregiver's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner:  In person  By phone at (specify): \_\_\_\_\_  By electronic service at (e-mail address): \_\_\_\_\_  
\_\_\_\_\_ (time sent): \_\_\_\_\_  By depositing the required information  
in a sealed envelope in the United States mail, with first-class postage prepaid, to the following address  
(specify): \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Sign your name  Signature follows on page 3.

6  The child's attorney and the child's CAPTA guardian ad litem, if that person is someone other than the child's attorney, were provided with completed Form JV-220, *Application for Psychotropic Medication*; completed JV-220(A), *Physician's Statement—Attachment* or completed Form JV-220(B), *Physician's Request to Continue Medication—Attachment*; a copy of Form JV-217-INFO, *Guide to Psychotropic Medication Forms*; a blank Form JV-218, *Child's Opinion About the Medication*; and a blank copy of Form JV-222, *Input on Application for Psychotropic Medication*, as follows:

a. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner:  In person  By fax at (specify): \_\_\_\_\_  
 By electronic service at (e-mail address): \_\_\_\_\_ (time sent): \_\_\_\_\_  
 By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid,  
to the last known address (specify): \_\_\_\_\_

b. CAPTA guardian ad litem's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Manner:  In person  By fax at (specify): \_\_\_\_\_  
 By electronic service at (e-mail address): \_\_\_\_\_ (time sent): \_\_\_\_\_  
 By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid,  
to the last known address (specify): \_\_\_\_\_

7  The following attorneys were notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided with a copy of Form JV-217-INFO, *Guide to Psychotropic Medication Forms*, and a blank copy of Form JV-222, *Input on Application for Psychotropic Medication*, or with information on how to obtain a copy of each form as follows:

a. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Attorney for (name): \_\_\_\_\_  
Manner:  In person  By phone at (specify): \_\_\_\_\_  By fax at (specify): \_\_\_\_\_  
 By electronic service at (e-mail address): \_\_\_\_\_ (time sent): \_\_\_\_\_  
 By depositing the required information and copies of JV-217-INFO and JV-222 in a sealed envelope in the  
United States mail, with first-class postage prepaid, to the last known address (specify): \_\_\_\_\_

b. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
Attorney for (name): \_\_\_\_\_  
Manner:  In person  By phone at (specify): \_\_\_\_\_  By fax at (specify): \_\_\_\_\_  
 By electronic service at (e-mail address): \_\_\_\_\_ (time sent): \_\_\_\_\_



Case Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

- 7 b.  By depositing the required information and copies of JV-217-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (*specify*): \_\_\_\_\_
- c. Attorney's name: \_\_\_\_\_ Date notified: \_\_\_\_\_  
 Attorney for (*name*): \_\_\_\_\_  
 Manner:  In person  By phone at (*specify*): \_\_\_\_\_  By fax at (*specify*): \_\_\_\_\_  
 By electronic service at (*e-mail address*): \_\_\_\_\_ (*time sent*): \_\_\_\_\_  
 By depositing the required information and copies of JV-217-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (*specify*): \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_ Sign your name  Signature follows on page 3.

*Type or print name*

- 8  The child's CASA volunteer was notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and an application is pending before the court as follows:
- CASA volunteer (*name*): \_\_\_\_\_ Date notified: \_\_\_\_\_  
 Manner:  In person  By phone at (*specify*): \_\_\_\_\_  
 By electronic service at (*e-mail address*): \_\_\_\_\_ (*time sent*): \_\_\_\_\_  
 By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (*specify*): \_\_\_\_\_

- 9  The Indian child's tribe was notified of the physician's request to begin and/or continue administering psychotropic medication, of the name of each medication, and that an application is pending before the court. They were also provided with Form JV-217-INFO, *Guide to Psychotropic Medication Forms*, a blank copy of Form JV-219, *Statement About Medicine Prescribed*, and a blank copy of JV-222, *Input on Application for Psychotropic Medication*.
- Indian Tribe (*name*): \_\_\_\_\_ Date notified: \_\_\_\_\_  
 Manner:  In person  By phone at (*specify*): \_\_\_\_\_  By fax at (*specify*): \_\_\_\_\_  
 By electronic service at (*e-mail address*): \_\_\_\_\_ (*time sent*): \_\_\_\_\_  
 By depositing the required information in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address (*specify*): \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_ Sign your name

*Type or print name*



**JV-222**

**Input on Application for Psychotropic Medication**

Clerk stamps date here when form is filed.

If you do not agree that the child should take the recommended psychotropic medication and/or continue the psychotropic medication that the child is currently taking, or if you wish to tell the court something about the child or medication, you must complete this form and file it with the court within four court days of service of notice of the pending application for psychotropic medication. Read JV-217-INFO, *Guide to Psychotropic Medication Forms*, for more information about the required forms and the application.

- 1 Your information:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_  
\_\_\_\_\_
  - c. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
  - d. If you are not an attorney filling out this form for a client, your relationship to the child is: \_\_\_\_\_
  - e. If you are an attorney filling out this form for a client, provide the following information about your client:  
Your client's name: \_\_\_\_\_  
Your client's relationship to the child: \_\_\_\_\_

Fill in court name and street address:  
**Superior Court of California, County of**

Fill in child's name and date of birth:  
**Child's Name**  
**Date of Birth:**

Court fills in case number when form is filed.  
**Case Number:**

2 The application is opposed because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

3 The application is not opposed, but I want to tell the court the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4  I am the attorney for the child.  
a.  I need more time to investigate the application.  
b.  I need the following information to determine whether to agree with or oppose the application:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c.  There is other information the judge should know:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5  Additional information about the child for the court to consider is included on an attached sheet or sheets of paper. Write "Attachment 5" on top.

Date: \_\_\_\_\_  
\_\_\_\_\_  
*Type or print name*

\_\_\_\_\_  
\_\_\_\_\_  
*Signature*

**JV-223**

**Order on Application for Psychotropic Medication**

Clerk stamps date here when form is filed.

**The Court read and considered:**

a.  JV-220, *Application for Psychotropic Medication*, and JV-220(A), *Physician's Statement—Attachment*, or JV-220(B), *Physician's Request to Continue Medication—Attachment* filed on (date): \_\_\_\_\_

b.  JV-222, *Input on Application for Psychotropic Medication*, filed on (date): \_\_\_\_\_

c.  JV-218, *Child's Opinion About the Medicine*, filed on (date): \_\_\_\_\_

d.  JV-219, *Statement About Medicine Prescribed*, filed on (date): \_\_\_\_\_

e.  CASA report

f.  Other (specify): \_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**

Fill in child's name and date of birth:

**Child's Name**

**Date of Birth:**

Court fills in case number when form is filed.

**Case Number:**

**The Court finds and orders:**

- 1 a.  Notice requirements were met.
- b.  Notice requirements were *not* met. Proper notice was not given to: \_\_\_\_\_  
\_\_\_\_\_

2  The matter is set for hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  
in (dept.): \_\_\_\_\_

3  Application was made for authorization to begin or to continue giving the child the psychotropic medication listed in (22) on page 6 of JV-220(A).

**A copy of pages 5 and 6 of JV-220(A) is attached to this order.**

The application is (check one):

a.  granted as requested.

b.  granted with the following modification or conditions to the request as made in (22) on the attached page 6 of JV-220(A) (specify all modifications and conditions): \_\_\_\_\_  
\_\_\_\_\_

c.  denied (specify reason for denial): \_\_\_\_\_  
\_\_\_\_\_

If the application was for medication the child is currently taking, the social worker or probation officer must consult with the prescribing physician to determine whether the physician is ordering that the medication should be stopped immediately or gradually reduced over time.



Case Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

4  The applicant must resubmit the application with the missing information which is: \_\_\_\_\_

The matter is set for hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  
in (dept.): \_\_\_\_\_

5 The

- a.  social worker
- b.  probation officer
- c.  person who submitted application

is ordered to give a copy of this order, including page 5 and 6 of the JV-220(A) and the medication monograph attached to the JV-220(A) to the child's caregiver either in person or by mail within two days.

6  Other (specify): \_\_\_\_\_  
\_\_\_\_\_

7 The order is set for a progress review on (date): \_\_\_\_\_ at (time): \_\_\_\_\_  
in (dept.): \_\_\_\_\_

This order is effective until terminated or modified by court order or until 180 days from the date of this order, whichever is earlier. If the prescribing physician is no longer treating the child, this order extends to subsequent treating physicians. A change in the child's placement does not require a new order regarding psychotropic medication. Except in an emergency situation, a new application must be submitted and consent granted by the court before giving the child medication not authorized in this order or increasing medication dosage beyond the maximum daily dosage authorized in this order.

Date: \_\_\_\_\_

▶ \_\_\_\_\_  
*Signature of judge or judicial officer*

**County Report on Psychotropic Medication**

*Clerk stamps date here when form is filed.*

**DRAFT - Not approved by the Judicial Council**

The social worker or probation officer must file this form for any hearing for which the court is providing oversight of psychotropic medications. This includes all scheduled progress reviews on orders authorizing psychotropic medication and every status review hearing. If you are filing this form for a status review hearing, file it with the status review hearing report. If you need more space for any of the items, write the item number and additional information on page 4 of this form. If you need more space than page 4, attach a sheet or sheets of paper. If you do not know the answer to a question, write "I do not know."

*Fill in court name and street address:*

**Superior Court of California, County of**

*Fill in child's name and date of birth:*

**Child's Name**

**Date of Birth:**

*Court fills in case number when form is filed.*

**Case Number:**

1 Your name: \_\_\_\_\_

2 Your relationship to the child:  
 Social worker       Probation officer  
 Public health nurse  
 Other county staff (*specify*): \_\_\_\_\_

3 a. Caregiver's relationship to child: \_\_\_\_\_  
 b. Date of last communication with caregiver: \_\_\_\_\_

4 Child Information  
 a. Child's height: \_\_\_\_\_      b. Child's weight: \_\_\_\_\_  
 c. Prescribing physician's name: \_\_\_\_\_  
 d. Date last seen by prescribing physician: \_\_\_\_\_  
 e. Next appointment date: \_\_\_\_\_  
 f. Therapist's name: \_\_\_\_\_  
 g. Date last seen by therapist: \_\_\_\_\_

5 List current court-approved psychotropic medications. (*Verify that this is what child is taking.*)

Name of Medication	Dosage

Name of Medication	Dosage

6  The child is taking the medication in 5. This was verified by  child  caregiver  other (*specify*): \_\_\_\_\_

7  The child is not taking the following medication in 5 (*specify*): \_\_\_\_\_  
 This was verified by  child  caregiver  other (*specify*): \_\_\_\_\_



Child's name: \_\_\_\_\_

8 Describe the caregiver's observations regarding how the child's behaviors and/or symptoms have changed since the medication was begun.

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9 Describe the caregiver's observations regarding the side effects of the medication.

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10 Describe any concerns the caregiver has regarding the medication.

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11 Describe what the child says about whether his or her behaviors and/or symptoms have changed since the medication was begun.

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---

12 Describe what the child says about the side effects of the medication.

---

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---

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Case Number:
--------------

Child's name: \_\_\_\_\_

13 Describe any concerns or complaints the child has regarding the medication.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14 List the dates of all medication management appointments since the last court hearing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15 List the dates and reasons of other follow-up medical appointments since the last court hearing.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16 Describe other mental health treatments that are part of the child's overall treatment plan (for example, frequency and type of counseling, wraparound, etc.) or attach mental health treatment plan from treating clinician.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17 Provide any other information you think the judge should know.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Case Number:

Child's name:

18 Check here if you need more space for any of the items. Write the item number and additional information here.  
If you need more space, attach a sheet or sheets of paper.

Lined area for additional information with multiple horizontal lines.

Date:

Type or print name of person completing this form



Signature

- Child welfare services staff (sign above)
Probation department staff (sign above)
Public health nurse (sign above)
Other (specify): (sign above)



W16-06

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

All comments are verbatim unless indicated by an asterisk (\*).

<b>New List of All Commentators, Overall Positions on the Proposal, and General Comments</b>				
	<b>Commentator</b>	<b>Position</b>	<b>Comment</b>	<b>Committee Response</b>
1.	Aspiranet by Dawn Mehalakis, Social Worker Antioch, CA	N	<p>Many parents who give up their rights as parents are struggling with mental illness or substance abuse. Therefore, foster children have a genetic predisposition toward mental illness or have been exposed to traumatic experiences that can trigger the onset of mental illness. In addition, some children in foster care have been exposed to substance abuse In Utero, causing mental health issues. It is impossible to apply parenting techniques to these children in the throes of an episode when they require the use of medication to manage difficult behaviors to teach them new skills. This will only complicate an already complicated situation in getting foster children the help they need.</p> <p>For more reasons why this is a bad idea</p> <p>Listed are the reasons that this rule will hurt our children who require mental health attention, and will increase the number of children who will struggle with moderate to several mental illnesses as adults.</p> <p>1. The decision to put these children on medication will no longer be the responsibility of the doctor but of the court.</p>	<p>No response required.</p> <p>In 1999, the Legislature passed SB 543 (Bowen; Stats. 1999, ch. 552), which provided that only a juvenile court judicial officer has the authority to make orders regarding the administration of psychotropic medications for foster children. Court authorization for the administration of psychotropic medication must be based on a</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

All comments are verbatim unless indicated by an asterisk (\*).

New List of All Commentators, Overall Positions on the Proposal, and General Comments			
Commentator	Position	Comment	Committee Response
		<p>2. The documents have to be signed by foster youth’s foster parent, psychiatrist, social worker, and juvenile court judicial officer before the child can be prescribed psychotropic medication. In Contra Costa County, it takes approx. two months to get a primary doctor to refer to a county psychiatrist. The process to submit to the court system will take even longer.</p> <p>3. This process will take parents longer to get the child on medication for a mental health diagnosis. This could potentially lead to homelessness for the child if the foster family cannot manage difficult behaviors.</p> <p>4. Each time the medication has to be changed by the doctor (dosage, name, use, etc.), the same process has to be followed.</p> <p>5. When a change of medication is required the child could be on the wrong medication over an extended period of time.</p> <p>6. If a child is 5150, they will not be able to leave the hospital with a prescription.</p>	<p>request from a physician. Welf. &amp; Inst. Code § 369.5(a)(1).</p> <p>This proposal does not alter the signature requirements for physicians, social workers, or judicial officers. SB 238 mandates that the child and caregiver be allowed the opportunity to provide input on the medication being subscribed. The committee concluded that providing an optional form, as well as multiple other means of providing input, would best meet this mandate. existing process for gathering information from a</p> <p>This proposal does not alter the existing process to obtain psychotropic medication by parents to whom the court has delegated the authority to authorize psychotropic medication.</p> <p>See response above to comment 1.</p> <p>See response above to comment 1.</p> <p>This proposal does not alter the process for a physician to administer psychotropic medication in an emergency situation. Welf. &amp; Inst. Code §369; Cal. Rules of Court, rule 5.640(g).</p>

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		<p>7. The foster child could lose their placement in the home because of the risk they present to other children in the foster home.</p> <p>8. The child that is in and out of foster homes could go a lifetime without medication because of the time it takes to obtain treatment. This could cause the child homelessness and the need to self-medicate.</p> <p>9. This process will cost the county more with all the readmitting of forms and documents for review.</p> <p>1. The proposal does not address the stated purpose of preventing the overmedication of children in foster care, because it does not address overmedication by caregivers. What is needed is caregiver training on medication management and identification of and charting of problematic behaviors to describe to the doctors to ensure appropriate medication and dosage.</p> <p>2. A foster child’s psychiatrist, social worker and caregiver will have to submit documents to the judicial officer to obtain authorization for the use of psychotropic medication, causing delays, and those people must sign them, causing additional delays of up to several months</p>	<p>See response above to comment 6.</p> <p>See response above to comment 6.</p> <p>Most of the costs of this proposal are due to mandates in SB 238.</p> <p>SB 238 was a comprehensive bill and mandates the Department of Social services to develop a training program for many foster care stakeholders, including caregivers. Welf. &amp; Inst. Code §16501.4(d)</p> <p>This proposal does not alter the signature requirements for physicians, social workers, or judicial officers. SB 238 mandates that the child and caregiver be allowed the opportunity to provide input on the medication being subscribed. The committee concluded that providing an optional form, as well as multiple other means of providing input, would best meet this mandate.</p>

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		<p>In some cases, there may be difficulties determining who the authorized caregiver is.</p> <p>3. Documents ask for parents to input background of mental illness in the family. Parents going through reunification are not likely to input such information out of fear of denial of reunification.</p> <p>3. The child must write a letter stating whether he or she should be medicated. Children do not have the cognitive skills to assess whether they need medication.</p> <p>4. Appropriate medication management of children using psychotropic drugs is typically a process of trial and error, The delays required in the new process would be detrimental to this process and could even cause side effects mimicking symptoms of mental illness, making diagnoses difficult.</p>	<p>The committee has amended the rule to indicate that if a child is in a group home, notice and a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.</p> <p>This proposal does not alter the existing process for gathering information from a parent regarding family mental illness. The committee believes that this issue is best address through training.</p> <p>SB 238 required the Judicial Council to develop rules and forms to ensure that the child and his or her caregiver and court-appointed special advocate (CASA), if any, have an opportunity to provide input on the medications being prescribed. The child may provide this input in a variety of ways including by the proposed new <i>Child’s Statement Regarding Psychotropic Medication</i> (form JV-218); letter; talking to the judge at the hearing; or through the social worker, probation officer, lawyer, or CASA.</p> <p>In 1999, the Legislature passed SB 543 (Bowen; Stats. 1999, ch. 552), which provided that only a juvenile court judicial officer has the authority to make orders regarding the administration of psychotropic medications for foster children. Court authorization for the administration of psychotropic medication must be based on a</p>

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			5. The final decision to put these children on medication will no longer be the responsibility of the doctor but of the court.	request from a physician. Welf. & Inst. Code § 369.5(a)(1).  See response above to comment 4.
2.	Brandi Hohimer Azevedo	N	Really? I do not understand what is so wrong with people these days! Not only do the children get kidnapped from their family because their family believes differently than the social workers but then they are having labels put on them, being told something is wrong with them because the tragic life events they went through, caused by nosy people, taking them from their family and putting them in foster care, has caused them great pain? Who wouldn't be emotionally distraught? What child isn't going to act out and have anger issues or mental health issues, as people like to label? And if all that they are going through isn't enough people want to make them feel like they aren't entitled to those feelings by giving them medication to make them normal or better. What kind of *** is that!!!! Telling a child they need a pill to change them because God messed up when he was made. So not only did God make a mistake by allowing you to be born to your very bad parents but our god right here has a pill to make you better. Yep that's what they are saying to children in my eyes. We must have God all wrong in my	No response required.

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		<p>family that's why we are told we need pills and more laws and parents then the ones we initially were given. You know the Constitutional Rights or Fundamental Human Rights that we have yet due to greed and language and numbers there is a selective group of religions that have control and power over those of us that aren't driven by greed and power. So we get used and taken advantage of and if you dare try to stand up for yourself they just throw you in jail for one of their beliefs and leave you there cause they have the keys and you can't do anything without conforming to them so your pretty much at the mercy of whatever religion it is that has the most people and will do anything for money. Even taking children from loving homes and sabotaging any effort the parent puts in to fight back. Sad County of Sutter and Yuba. Can't wait for Judgement Day for all of them who aided in the destruction of innocent lives.</p> <p>I submitted my comment but am unsure whether it was received. I am so against in in too many ways to list so I will sum it up in my ancestors words Constitutional Rights. Fundamental human rights and the protection of family is the root of everything this country and nation is suppose to stand for yet, look at what is being done to our land and our family members? Taking them from their parents and then telling them its not OK to be upset about</p>	No response required.

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			<p>anything so just take this pill from this Dr and kill your feelings so you can become confused in your life and we can have some more people to look down on and make ourselves feel better about what we are doing. All that I just said was not me talking it was me interoperating the situation being commented on. So in my opinion, any mention at all of a foster child, or any human, not being entitled to their own individual unique feelings and emotions is murder. Medication is not needed. Ever. I don't believe that anything is wrong with anyone as long as they keep their hands to them self. I have spent too many years trying to conform to society and all its done is caused me to dislike my actions. But when I try to be me, everyone else dislikes me and locks me up for not following their religion or denies me natural recourses that are being stored and sold for money. Then how am I an equal if I can't believe in my own religion just because it doesn't believe in money? Because I believe in freedom from discrimination yet I am discriminated against all thee time? I can't even eat unless I go ask someone for something because I'm so mentally confused by everyone's hypocritical views and the laws and everything that I just go without because I can't seem to change who I am to be one of them.</p>	
3.	California Academy of Child &	NI	We have provided specific comments on the	No response required.

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	Adolescent Psychiatry and California Behavioral Health Directors Association by Robert P. Holloway, MD, President, Cal-ACAP and Kristen Barlow, CBHDA Executive Director		various proposed changes and updates to the JV-220 process on the following pages. We thank you again for your efforts and for allowing us to help make the forms that would be best for children and adolescents we serve. We look forward to the opportunity to meet with members of your committee to further discuss this important process.	
4.	California Alliance of Child and Family Services by Caroll Schroeder, MS Executive Director and Dave Neilsen, MSW Senior Policy Advocate	NI	The California Alliance of Child and Family Services welcomes the invitation to review and comment upon proposed amendments to the forms and procedures used to authorize the use of psychotropic medications within our foster care and juvenile probation populations. As an association representing over 120 member agencies throughout the State that provide services and supports to children, youth and families, including psychotropic medications when part of the approved treatment plan, we appreciate the Judicial Council’s development of draft materials and sharing them with stakeholders  We have provided feedback by following the outline of provided materials, and answered the additional questions directed at the courts at the conclusion of the draft materials. We have also added comments and insights from our staff and members who were able to review the Committee’s document.	No response required.



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		<p>Additional Questions to the Courts and Stakeholders</p> <p>The Alliance reviewed the entire set of questions that were directed to the courts, as we thought the perspectives of the stakeholders would also add value.</p> <p>The advisory committee also seeks comments from courts on the following cost and implementation matters:</p> <ul style="list-style-type: none"> <li>• Would the proposal provide cost savings? If so, please quantify.</li> </ul> <p>Unknown, but additional costs appear likely. This question lacks some necessary information, such as to which organizations, persons, state/federal agencies, etc. “cost savings” would accrue. On the surface, there appears to be significant additional record keeping that would be required, and additional information sought on forms. All of this would require additional staff and prescriber time which would result in additional costs to those interacting with the courts. As a result of these new processes, additional court hearings and proceedings – all of these may be generating additional costs. If by implementing these measures, the number</p>	<p>Many of the costs associated with the implementation of this proposal are due to mandates in SB 238.</p>

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		<p>of prescriptions provided to foster youth and probation wards is reduced, there may be some reductions in Medi-Cal pharmacy costs. Whether those savings would offset the added procedural costs is unknown.</p> <p>Should any of these recommended changes in process and information gathering result in delays or disruptions in psychiatric services, including medications, the results could be costly to both the child and the county as hospitalization or other emergency or crisis services would need to be accessed to ensure child safety.</p> <ul style="list-style-type: none"> <li>• What would the implementation requirements be for courts? For example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems.</li> </ul> <p>The California Alliance cannot comment upon the new requirements of the courts. As the Judicial Council reviews the needs of local courts and current training programs, the development of a similar training program with sufficient content and intensity will be necessary for all child welfare workers and county probation</p>	<p>Senate Bill 238 is a comprehensive bill that seeks to address the issues related to the administration of psychotropic drugs in the foster care system by requiring additional training, oversight, and data collection by caregivers, courts, counties, and social workers.</p>

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		<p>officers, as well as all participating placement agencies. Filling out the JV 220 (B) [circulated version of form JV-220(B) withdrawn from final proposal] appears to involve significant investment in training to ensure that all participating employees are appropriately educated to assist in the process, regardless of their position within the county. These training programs should have content that reflects a shared platform, so that further disagreements about the use of psychotropic medications are not inadvertently created due to disconnected state and local training programs.</p> <ul style="list-style-type: none"> <li>• Would two months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?</li> </ul> <p>No. The California Alliance does not believe that a two-month notification period would allow successful implementation at the scale of all 58 counties. While there are certainly counties and their juvenile courts that have developed sophisticated training programs, and collaborate very well across agencies, the courts and prescribers, there are others that would need additional time to identify court, placement agency and prescriber</p>	<p>SB 238 mandates that the Judicial Council develop rules and forms to implement the legislation and mandates that the rules and forms have an effective date of July 1, 2016.</p>

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		<p>training needs, schedule those trainings, and implement them. Communications with the California Medical Association, California Psychiatric Association and the California Academy of Child and Adolescent Psychiatry should begin immediately. We do not think that a two month notification of the new requirements will ensure sufficient time for all to be compliant.</p> <ul style="list-style-type: none"> <li>• How well would this proposal work in courts of different sizes?</li> </ul> <p>Unknown, likely to vary. The “size” of the court is only one variable in this equation. The Alliance trusts that your communications with the courts will yield useful information about their own perceptions of the proposal challenges. In addition to court size, the size and strength of the medical community, county placing agencies and placement facilities will also impact “how well” these proposed changes will work. Assessing the vibrancy of the “interagency” community serving children, and the inclusion/exclusion of the physician workforce of the area will likely yield useful information regarding implementation needs of each county/community.</p>	No response required.	

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		<p>Additional Comments</p> <p>The California Alliance appreciates this opportunity to provide feedback upon the proposed changes being offered by the Judicial Council’s work group. They have clearly made attempts to improve upon the court authorization processes for psychotropic medications as guided by the JV 220 documentation.</p> <p>The addition of new forms, and opportunities for participation in the court’s process will broaden the information available to the courts when reviewing requests for administration of psychotropic medications. With this added input, however, will come added challenges to the courts, especially when critical players in the lives of these children have different experiences, strong disagreements, or perspectives about medication, the child’s history, existing needs, problems and challenges. It would appear that the courts will need a very trusted and qualified advisor to assist in listening to the many voices, and arriving at the most effective health care decisions that protect the short term and long term health of the youth.</p> <p>A very real concern may be the court’s capacity to actually understand the materials that have been entered on to forms with handwriting. Though this may seem like a silly</p>	<p>No response required.</p> <p>Juvenile court judicial officers every day hear different positions and perspectives, afford them the weight they deem suitable, and issue important decisions about the children and families who appear before them.</p> <p>The committee concluded that the issue of clarity of writing is best addressed in training. Physicians, social workers, and probation officers can all be trained that these forms are fillable and</p>

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		<p>issue, the Alliance knows from years of experience with staff, communications, and paperwork that one of challenges in reviewing documents is always clarity. Good handwriting is not usually a requirement for many positions, and hurried staff generally have a tendency to speed through tasks, leaving behind documents that may not be sufficiently clear.</p> <p>The Alliance notes that there could be sensitive health care information contained in the Prescribing Physician’s Statement. The wide dissemination of the Statement and other health care documents could jeopardize the privacy of patient health information. We do not want attending physicians to self-edit or leave materials out in an effort to protect PHI.</p> <p>The issue of disconnected responsibilities and authority does not come across in these documents. There appears to be an assumption that a prescriber has the authority to make directives on a child’s treatment plan to include alternative interventions. While this may be true in some counties or in some health settings, it is important to understand that many prescribers are not part of a county mental health program, and have no authority to direct treatment interventions there. Asking the prescriber why a specific or alternative intervention wasn’t considered or provided</p>	<p>can be typed on a computer.</p> <p>The committee agrees with this comment and no longer proposes providing the parents or caregivers a copy of the form the physician completes and provides to the court.</p> <p>The form asks the prescriber to list other nonpharmacological treatment alternatives the child is participating in, or recommended to participate in. It is up to the county social worker or probation officer to determine if those treatment alternatives are available for the child.</p>

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			<p>may well be outside of their relationship with the patient, and the county departments. Judges need to understand that the lack of responses in this area should not reflect poorly on the attending physician.</p> <p>Several of our members thought that the JV-223 will need clarification about whether the Prescribing Physician can make the decision to end or taper a prescribed medication that is denied. The proposed language is that the CSW or PO must consult with the physician, indicating they would actually be making this medical decision. The Alliance believes that the JV-223 should clarify that physicians and not caseworkers make decisions about medical practice.</p> <p>Under “Providing court order to caregiver” it indicates that the court rules would be modified to mandate that the court order re: psychotropic meds must be given to the caregiver within 2 days. The Alliance requests that “caregiver” be defined to include not just a foster parent or kin caregiver, but any involved Foster Family Agency, group home or Short-term Residential Treatment Center.</p> <p>See comments on specific provisions below.</p>	<p>The committee agrees that this decision should be made by the doctor and has revised the form to indicate that the social worker or probation officer must consult with the doctor to determine whether the doctor is ordering the medication to stop immediately or over time.</p> <p>The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.</p> <p>No response required.</p>
5.	California Department of Social Services	NI	The California Department of Social Services (CDSS) and Department of Health Care	No response required.

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	by Lori Fuller, Bureau Chief for Gregory Rose, Deputy Director, Child and Family Services Division Sacramento, CA		<p>Services (DHCS) are pleased to have the opportunity to submit joint comments in response to the Judicial Council of California’s proposed amendments to the Rules of Court and Judicial Council forms regarding the administration of psychotropic medications for foster youth. The CDSS appreciates the imitative the Judicial Council has taken to improve the court authorization process for psychotropic medications for children in foster care in response to Senate Bill (SB) 238 (Mitchell; Statutes of 2015, Chapter 534).</p> <p>The CDSS and DHCS have received the proposed rules and forms and submit the following comments for consideration by the Judicial Council.</p> <p>See comments on specific provisions below.</p>	
6.	Karen Cohen Walnut Creek, CA	N	<p>The changes will not fulfill the purpose of preventing overmedication of foster children because:</p> <ol style="list-style-type: none"> <li>Caregivers are responsible for most overmedication. Unless caregivers are trained in the proper use of medication, overmedication will continue.</li> <li>The changes will cause longer delays in the administration of medication to the many foster</li> </ol>	<p>SB 238 was a comprehensive bill and mandates the Department of Social services to develop a training program for many foster care stakeholders, including caregivers. Welf. &amp; Inst. Code §16501.4(d)</p> <p>The timelines in the rule of court remain the same. The court must approve, deny, or set the matter</p>



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		<p>children with mental illness, and further delays as medications need to be changed. Treatment with appropriate psychotropic medications is already often a lengthy trial and error process in order to titrate the dosage up to the therapeutic level, wean off the drug if it is not effective and then change prescriptions.</p> <p>3. Fearing denial of reunification, parents going through reunification are unlikely to provide requested information about family history of mental illness.</p> <p>3. Children are typically unable to assess their need for medication, but a letter from the child is required.</p> <p>5. Courts will make the final decision to medicate a child. This should be the responsibility of the doctor.</p>	<p>for hearing within seven court days of the receipt of the completed application. Proposed Rule 5.640(c)(5).</p> <p>This proposal does not alter the existing process for gathering information from a parent regarding family mental illness. The committee concluded that this issue is best addressed by training.</p> <p>SB 238 required the Judicial Council to develop rules and forms to ensure that the child and his or her caregiver and court-appointed special advocate (CASA), if any, have an opportunity to provide input on the medications being prescribed. The child may provide this input in a variety of ways including by the proposed new <i>Child’s Statement Regarding Psychotropic Medication</i> (form JV-218); letter; talking to the judge at the hearing; or through the social worker, probation officer, lawyer, or CASA.</p> <p>In 1999, the Legislature passed SB 543 (Bowen; Stats. 1999, ch. 552), which provided that only a juvenile court judicial officer has the authority to make orders regarding the administration of psychotropic medications for foster children. Court authorization for the administration of psychotropic medication must be based on a</p>

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				request from a physician. Welf. & Inst. Code § 369.5(a)(1). Court authorization for the administration of psychotropic medication must be based on a request from a physician. Welf. & Inst. Code § 369.5(a)(1).
7.	County of San Diego by Laura Vleugels, MD, Supervising Child and Adolescent Psychiatrist San Diego, CA	NI	<p>The County of San Diego welcomed the opportunity to comment on the proposed changes prompted by the passage of SB 238. Information regarding the proposed changes were disseminated to our Children’s System of Care Council with a request for feedback. Included in this correspondence will be individual feedback, community feedback, and feedback regarding existing procedures in our County that address psychotropic medication prescribing oversight.</p> <p>First I would like to highlight steps the County of San Diego has taken to support prescribers in our community and the judges charged with making decisions regarding psychotropic medications for youth.</p> <ul style="list-style-type: none"> <li>• Programs in our Children’s System of Care are staffed primarily by Board Certified/Board Eligible Child and Adolescent Psychiatrists.</li> <li>• A team of Board Certified/Board Eligible Child and Adolescent Psychiatrists are tasked with reviewing each and every JV220. This team provides direct feedback</li> </ul>	<p>No response required.</p> <p>No response required.</p>

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		<p>to prescribers when/if there are concerns or questions. The team submits feedback and guidance to the Judge.</p> <ul style="list-style-type: none"> <li>• The County makes available a free second-opinion option for any unfunded, Medi-Cal or dependent/delinquent youth. Board Certified/Board Eligible Child and Adolescent Psychiatrists have the ability to collect records from CWS, the court and prior treatment records so that a comprehensive review can be completed and feedback can be provided to the requesting party.</li> <li>• Our System of Care has a “Medication Monitoring” process. Each quarter, medical records are peer-reviewed with feedback going both back to the prescriber and to the County monitors. The Medication Monitoring tool is in the process of being updated to reflect the California Guidelines that were published last year.</li> </ul> <p>Through the processes described above, our County has data an existing process for collecting data on youth prescribed psychotropic medication. Data is collected both at the point of the JV220 review and through the Medication Monitoring process.</p> <p>With respect to the proposed changes outlined:</p>	

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		<p>Our Child and Adolescent Psychiatry community echoes the concerns about information not being available during their scheduled appointments and strongly feel that if the system desires more through assessments and a higher quality of care, information should be readily available to those who are providing care to the youth. Many shared stories of foster youth coming to assessment appointments with new foster parents who held no historical information about the youth, previous treatment, family/trauma history etc. Some have required CWS workers to be available by phone or in-person, but as there is turnover and sometimes the CWS workers don't have long histories with clients this is of limited benefit. It was noted that when court documents (ie Jurisdiction/Disposition reports) are available, they provide a wealth of information about the child and his/her history. These are not routinely or automatically provided to the prescribers.</p> <p>Changes proposed do nothing to increase information available to the prescriber in advance of the assessment.</p> <p>It is noted that there is no specific feedback requested from the therapist.</p> <ul style="list-style-type: none"> <li>• Concern that the proposed changes are an effort to fix a problem that has yet to be defined with specific data.</li> </ul>	<p>The committee agrees that physicians should be provided with all the information necessary to make a thorough assessment of the child. Mandating any of that information be provided, however, is not addressed in SB 238 and therefore out of the scope of this proposal.</p> <p>See response above.</p>

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		<ul style="list-style-type: none"> <li>Concern that there is no proposed feedback/education being targeted at prescribers—what is being done to ensure accurate assessments and to increase coordination of care?</li> <li>Concern that fewer children will receive appropriate treatment for potentially devastating conditions due to additional barriers to care.</li> </ul> <p>Ongoing concerns noted:</p> <ul style="list-style-type: none"> <li>Concern that PSW’s are not submitting JV 220s to the court for review in a timely fashion, leading the prescriber to have to follow-up frequently before a youth can be prescribed medication.</li> <li>Concern that prescribers are not being notified when a JV220 has been approved.</li> <li>Concern that there is an unnaturally long clinical gap between discussing medication treatment and being able to implement treatment—this MD notes she prefers to not to state she is starting on an “emergency basis” unless it is truly an emergency. This prescriber instead elects to put multiple potential options of the JV 220 application so that she can move between treatments without further delays.</li> </ul> <p>Please let me know if there are questions regarding our community outreach efforts or</p>	<p>While the committee recognizes these ongoing concerns, they were not addressed by SB 238 and therefor out of the scope of this proposal.</p>

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			about the information submitted.  See comments on specific provisions below.	
8.	County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	NI	<p>CWDA respectfully submits the following comments with respect to the proposed Rules and Forms relating to Juvenile Law: Psychotropic Medication (W16-06).</p> <p>Finally, please note that SB 238 requires specific stakeholder input for implementation of this bill, specifically stating: “(2) (A) On or before July 1, 2016, the Judicial Council shall amend and adopt rules of court and develop appropriate forms for the implementation of this section, in consultation with the State Department of Social Services, the State Department of Health Care Services, and stakeholders, including, but not limited to, the County Welfare Directors Association of California, the County Behavioral Health Directors Association of California, the Chief Probation Officers of California, associations representing current and former foster children, caregivers, and children’s attorneys. This effort shall be undertaken in coordination with the updates required under paragraph (2) of subdivision (a) of Section 739.5.”</p> <p>While county child welfare is afforded a representative to the Family and Juvenile Law Committee of the Judicial Council, and our</p>	<p>No response required.</p> <p>In addition to the to the standard mailing list for family and juvenile law proposals, this proposal was sent to the organizations that the Judicial Council was mandated to consult with in developing the rules and forms implementing SB 238. After all the comments were reviewed and discussed by the committee, the committee convened a five-hour meeting with members of the committee and the SB 238 mandated stakeholders. At this meeting the committee provided participants a summary of the comments received as well as a chart of all comments. The committee asked the stakeholders for additional feedback on key issues that arose from the comments, as well as allowed the attendees an opportunity to raise additional questions or concerns not highlighted by the committee.</p> <p>At the beginning of the public comment period, the proposal was sent to CWDA at what apparently was the wrong email address, but there</p>

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			<p>representative did provide input into these proposed rules and forms, we at CWDA were not directly consulted on these rules. Therefore, we respectfully request direct consultation prior to the finalization and adoption of the proposed rules and forms.</p> <p>Thank you for your consideration of our comments.</p> <p>See comments on specific provisions below.</p>	<p>was no bounce-back email indicating the email was undeliverable. CWDA did have 3 representatives at the stakeholder meeting discussed above.</p>
9.	East Bay Children’s Law Offices by Roger Chan, Executive Director Oakland, CA	NI	<p>These comments are submitted on behalf of East Bay Children’s Law Offices with respect to W16-06 (Psychotropic Medication).</p> <p>East Bay Children’s Law Offices (EBCLO), a nonprofit law firm in Oakland, California, is court-appointed to represent children and youth in their delinquency, dependency, or probate guardianship proceedings in Alameda County. Our office represents more than 2,000 youth every year.</p> <p>In regard to the Request for Specific Comments:</p> <ul style="list-style-type: none"> <li>• Effect of Court Order</li> </ul> <p>The rule and forms convey a message that the child’s opportunity to refuse to accept the medication is a one-time event and that</p>	<p>No response required.</p> <p>The committee intended for the child and his or her caregiver and court-appointed special advocate (CASA), if any, to have an opportunity</p>

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			<p>thereafter the child is required to comply with the doctor’s “orders.” It should be clear that while the court authorizes the prescribing of psychotropic medication, the child has a right at any point to refuse the medication. Child welfare agencies acknowledge the limits of the court’s “authorization.” See, e.g. Los Angeles Dep’t of Children and Families, Child Welfare Policy Manual, Psychotropic Medication: Authorization, Review, and Monitoring for DCFS Supervised Youth (Rev. 7/1/2014) (“A child’s objection to, or non-compliance with, the approved psychotropic medication is a treatment issue to be resolved by the physician prescribing the medication. A child cannot be forced to take psychotropic medication unless they are subject to an involuntary hospitalization or have a court-appointed conservator.”)1 See, also, California Department of Social Services, Community Care Licensing Division, Advocacy and Technical Support Resource Guide: Medications in Group Homes (Draft 11/20/15 version)(Includes “No resident can be forced to take [psychotropic] medication.”)</p> <p>See comments on specific provisions below.</p>	<p>to provide input on the medications being prescribed, and at any progress review of the prescribed medication. The committee recommends that the council revise the rule to make the ability to provide ongoing input more clear, and to provide notice of progress reviews which will include blank copies of the proposed new <i>Child’s Statement About Psychotropic Medication</i> (form JV-218) or <i>Statement About Psychotropic Medication</i> (form JV-219). At each progress review of psychotropic medication orders, the social worker or probation officer must complete and file <i>Report About Psychotropic Medication—County Staff</i> (form JV-224). The rule and forms are structured to receive ongoing information.</p>
10.	Mark D. Edelstein, MD Board Certified Child and Adolescent Psychiatrist Medical Director	NI	The following remarks on the proposed JV-220 changes are based on my participation in the creation and later revision of the original JV-220 forms; my use of the JV-220(a) on	No response required.



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	EMQ FamiliesFirst		<p>countless occasions; and my interactions with social workers, public health nurses, attorneys, CASAs and judges whom I have trained on the use of psychotropic medicines with foster youth.</p> <p>I think nearly all doctors, patient advocates and judges would agree that the JV-220 process is a flawed process. Doctors often submit JV-220(a) forms that are incomplete. Some don't complete the form at all. Judges are placed in the position of making decisions with neither medical expertise nor a way to gauge the trustworthiness of the doctor. And some foster youth end up as victims of under-prescribing, over-prescribing and mis-prescribing.</p> <p>See comments on specific provisions below.</p>	No response required.
11.	<p>Robert Horst, MD Board Certified Child and Adolescent Psychiatrist Medical Director Sacramento County Child and Family Mental Health Associate Clinical Professor University of California at Davis Department of Psychiatry</p>	NI	<p>I support the responsible use of psychotropic medication in foster youth and applaud the Council's efforts in insuring that safe and effective medications are available to this vulnerable group of children. I share concerns that medications are being used inappropriately in this population and feel strongly that measures need to be taken to insure that foster children are not prescribed unnecessary or harmful medications. However, I also feel strongly that a much more effective approach to the problem would be to appoint child psychiatrists to liaison with the courts in each</p>	<p>The committee concluded that while appointing child psychiatrists to liaison with the courts in each county to oversee and review JV220s and to flag and follow-up with concerns, is a good suggestion, it is not mandated by statute and is beyond the purview of the Council's rule making authority. SB 238 was a comprehensive bill and added to the already mandated judicial training, training that addresses the authorization, uses, risks, benefits, assistance with self-administration, oversight and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments, including how to</p>

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			<p>county to oversee and review JV220s, flag and follow-up with concerns. This would be more effective and efficient than adding additional paperwork, burdens and barriers to an already taxed mental health delivery system.</p> <p>See comments on specific provisions below.</p>	<p>access those treatments. Welf. &amp; Inst. Code §§304.7(a)(3), 16501.4(d).</p>
12.	<p>Keather Kehoe, MD Child and Adolescent Psychiatrist Sacramento, CA</p>	N	<p>To Whom It May Concern,</p> <p>I am a Child and Adolescent Psychiatrist in Sacramento. What does that mean? After college, I attended four year of medical school, three years of a residency in General Psychiatry, and two years of a Fellowship specialized in Child and Adolescent Psychiatry. I have been in practice since 2003, working in my own private practice, as well as working at a community based agency in Sacramento (where approximately half of my patients are in foster care). I am Board Certified in both Psychiatry and Child and Adolescent Psychiatry. When I evaluate children initially, I typically spend from 1.5-2 hours meeting with them and their caregivers, as well as often meeting with their therapists. I see the children back approximately once per month, often collaborating with others in their lives in the interim (school/teachers, caregivers, therapists). I share this information so you can understand what my training is and what my</p>	<p>No response required.</p>

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		<p>process is. My level of training is typical for Child and Adolescent Psychiatrists in the community, and my evaluation process is similar to other providers in my field. I would assert that most Child and Adolescent Psychiatrists spend more time and see their patients more frequently than most other fields of medicine.</p> <p>The current modifications proposed to the court approval process of medication consents for children in foster care are concerning. They create added bureaucracy and red tape that will ultimately have the opposite of its intended effects. If the government wants to ensure that children are receiving better mental health care, making the process for treatment more laborious is not the avenue by which to achieve it. The current proposed JV220(A) (Physician’s Statement) has doubled in length. The current form can be completed in 20-30 minutes; the new form would double that time at a minimum. When I think about spending an hour on a form after I have evaluated a child for two hours, I am befuddled. I do a thorough assessment; I am highly trained and qualified in mental health assessments, diagnoses, and treatments. Documenting my clinical rationale ad nauseum for my proposed treatments for a judicial entity is not productive. It takes away time from treating children and evaluating them directly. Apart from the economic impact</p>	<p>Most of the new questions on form JV-220(A) are mandated by SB 238 or already existed on the form in a series of questions that were separated into distinct items. The committee added two other questions that it believed were critical. The new questions on the proposed form that are not required by SB 238 are: “How long have you been treating the child?” and “In what capacity have you been treating the child (e.g. treating psychiatrist, treating pediatrician)?” The committee also made the medication administration schedule, which is currently on the form, mandatory rather than optional. To address the concerns that form JV-220(A) is too long, the committee split it into two forms, one for initial requests and one for a continuing request by the same physician, to decrease the length of the form for renewal requests. The committee removed items 3, 7, 8, 10, 12(c), 13-16, 19, and 24 and created a new form <i>Prescribing Physician’s Statement, Request to Continue—Attachment</i> (form JV-220(B)) to decrease the amount of information and time needed to complete the form</p>	

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		<p>on community based mental health agencies that pay for psychiatric services, as well as funding from such agencies and from MediCal, the paperwork time detracts from valuable resources. There is already a dearth of Child and Adolescent Psychiatrists in the country; children and their families typically wait months for a psychiatric evaluation because of these limited resources. If I am spending more time on paperwork, I am not treating children and fewer children are receiving the mental health care they desperately need to maintain their home and school placements.</p> <p>The added paperwork and new proposed court medication authorization process is incredibly stigmatizing of mental health. The legislature is saying that the clinical expertise of highly trained mental health providers holds little value when such providers are asked to complete an onerous amount of paperwork to justify their medical decision making. Would the legislature question other medical specialties in the same manner as which psychiatry is being singled out? Do you require pediatric cardiologists or pediatric surgeons to fill out a six page form to prescribe a single medication or to initiate what may be life-saving treatment? The very idea of that seems preposterous, yet that is what is being proposed. Non-medical personnel are being</p>	<p>when the same physician is requesting a renewal of a medication previously authorized by the court. This would decrease the form from 6 to 4 pages. Additionally, the committee rewrote two questions (items 10 and 11) that, as circulated for comment, called for six narrative answers to now ask two yes or no questions, and two narrative questions. The committee also deleted the item regarding laboratory tests that, as circulated for public comment, took up approximately 1/3 of a page, and replaced it with a question regarding whether all relevant laboratory tests have been conducted and a request for a brief explanation if not.</p> <p>In 1999, the Legislature passed SB 543 (Bowen; Stats. 1999, ch. 552), which provided that only a juvenile court judicial officer has the authority to make orders regarding the administration of psychotropic medications for foster children. Court authorization for the administration of psychotropic medication must be based on a request from a physician. Welf. &amp; Inst. Code § 369.5(a)(1).</p> <p>Child, caregiver, and CASA input on the medication is mandated by SB 238. The committee circulated a proposed form, <i>Social Worker and Probation Officer's Attachment</i> (form JV-220(B)), that would have been submitted with the JV-220. To address several commentators concerns that requiring additional forms may</p>

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		<p>asked to interpret medical facts and symptoms to make a decision about the medical utility of treatment.</p> <p>Among the unintended consequence of the proposed changes is also a delay in children obtaining treatment. Added paperwork from the physician’s end, as well as added paperwork from the various individuals in the child’s life means more processing time. The current wait time for medication authorizations to be approved varies significantly from one county to another, but takes typically 3-4 weeks at a minimum. That is 3-4 weeks that a child is not receiving treatment, in comparison to non-foster youth whose parents can consent to treatment when seen. That delay in treatment at present can and has led to placement loss (of foster home or school). Increased forms require more time: time for each entity to complete their portion of the process and added time for judicial review. I can easily see the process stagnating due to one form or another not being completed in a timely fashion, with medication authorization suddenly taking months to obtain. Vital medical care could be delayed for months on end; such a system would be considered malpractice in medicine. You are taking vulnerable youth and subjecting them to</p>	<p>result in delay if those forms are not completed, the committee no longer proposes this additional form. The committee has moved necessary questions from that proposed form into <i>Application for Psychotropic Medication</i> (form JV-220).</p> <p>In 1999, the Legislature passed SB 543 (Bowen; Stats. 1999, ch. 552), which provided that only a juvenile court judicial officer has the authority to make orders regarding the administration of psychotropic medications for foster children. Court authorization for the administration of psychotropic medication must be based on a request from a physician. Welf. &amp; Inst. Code § 369.5(a)(1).</p>

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			<p>delays in care because they suffer from mental illness. These unintended consequences cannot be ignored.</p> <p>I request the additions to the requirements for the court approval for medications be seriously reconsidered. The proposed changes are onerous at best, stigmatizing at worst. They will, over the long term, ensure that fewer children are receiving the mental health care they need as the providers and the system is stuck in the red tape of paperwork. As a trained Child and Adolescent Psychiatrist, I do not take lightly prescribing children medication, whether they are in foster care or not. The decision for medication is a carefully thought out one when the proposed treatment will improve that child’s life and their functional level. The legislature should be respectful of the training and skills of the professionals in mental health, rather than further stigmatizing them and the children in foster care.</p>	See response above.
13.	Richard Mancina, MD Sacramento, CA	N	I will restrict my input to general comments. I have been practicing Child and Adolescent Psychiatry for 30 years in California. I obtain informed consent from families in my office many times a month. Along with Penelope Knapp at U.C. Davis, I published a journal paper about informed consent in pediatric psychopharmacology that explored the complexities and pitfalls of this process.	No response required.

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			<p>An informed consent discussion for a non-foster youth is ideally an informative and reciprocal exchange of ideas. The various psychotherapies and medications available are discussed in about 5 to 10 minutes. It allows the youth and family time to ask questions and consider their choices, and usually educates the youth and family about the illness.</p> <p>In my opinion, the process of informed consent for foster youth through the court is decidedly inferior to this, both in the SB 543 and the SB 238 iterations. The main problem is the lack of reciprocal information exchange. Usually, it is just one-way, from the involved parties to the court, and then communication stops. Also, it takes far longer. To complete the physician portion of the JV-220 takes about 25 to 45 minutes in our setting. That prevents us from seeing another youth for treatment during that time.</p> <p>The new forms appear longer.</p> <p>Let me now explain the main concerns.</p> <p>First, I believe a statement made in the background section of your document is wholly inaccurate and constitutes revisionist history that may misguide the process. This following reportedly comes from the</p>	<p>No response required.</p> <p>See response below.</p>

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		<p>legislative history for SB 238 and refers to SB 543 passed in 1999:</p> <p>“This legislation was passed in response to concerns that foster children were being subjected to excessive use of psychotropic medication, and that judicial oversight was needed to reduce the risk of unnecessary medication.”</p> <p>In fact, what prompted SB 543 was that a minority of foster children were being denied access to psychotropic medication treatment by their parents, who through disability, inaccessibility, dereliction, and other reasons were not allowing their children in court custody to be given medications necessary to treat their serious mental illnesses.</p> <p>SB 543 suddenly allowed that minority of foster children to receive the benefits of treatment. Prior to SB 543 these youth would often languish in a depressed or even psychotic state for months to years. I know this to be a fact as I saw this repeatedly during those years. These foster children experienced more loss of home placement, loss of school placement, loss of friends, hospitalizations, and incarcerations, not to mention the anguish and pain of un- or under-treated mental illness. Thus, passage of</p>	<p>The legislative history of SB 543 indicates that “the bill is in part a response to an expose by the Los Angeles Times series on foster care, which made allegations that foster children are being overly medicated and are receiving inconsistent and potentially harmful doses of psychotropic drugs.”<sup>1</sup></p>

<sup>1</sup> Sen. Com. on Judiciary, Analysis of Sen. Bill No. 543 (1999-2000 Reg. Sess.) Apr. 13, 1999, p. 2



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		<p>SB 543 actually increased access to medication for these youth and reduced pain and suffering for many California foster youth.</p> <p>Now SB 238 has passed. To the degree that the new process improves communication between the youth and family, the judicial official who makes the decision, and the physician who provides the medical information, I support it. The previous form JV-220 was not adequate.</p> <p>The greatest risk with the new forms and process being presented is that the government is now erecting new barriers to treatment of the minority of seriously mentally ill children in foster care. We run a high risk of taking a big step backwards towards the pre-SB528 era unless the judicial council pares down the volume of information being requested and makes sure the process does not increase delays in treatment.</p>	<p>Most of the new questions on form JV-220(A) are mandated by SB 238 or already existed on the form in a series of questions that were separated into distinct items. The committee added two other questions that it believed were critical. The new questions on the proposed form that are not required by SB 238 are: “How long have you been treating the child?” and “In what capacity have you been treating the child (e.g. treating psychiatrist, treating pediatrician)?” The committee also made the medication administration schedule, which is currently on the form, mandatory rather than optional. To address the concerns that form JV-220(A) is too long, the committee split it into two forms, one for initial requests and one for a continuing request by the same physician, to decrease the length of the form for renewal requests. The committee removed items 3, 7, 8, 10, 12(c), 13-16, 19, and 24 and created a new form <i>Prescribing Physician’s Statement, Request to Continue—Attachment</i></p>

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		<p>I also am concerned that social workers, a subset of whom are notoriously slow to respond, and others may be required to be involved. This will slow the process and may also cause significant delays of treatment. Let's not create new barriers to the mentally ill by erecting an unnecessarily burdensome bureaucratic process.</p>	<p>(form JV-220(B)) to decrease the amount of information and time needed to complete the form when the same physician is requesting a renewal of a medication previously authorized by the court. This would decrease the form from 6 to 4 pages. Additionally, the committee rewrote two questions (items 10 and 11) that, as circulated for comment, called for six narrative answers to now ask two yes or no questions, and two narrative questions. The committee also deleted the item regarding laboratory tests that, as circulated for public comment, took up approximately 1/3 of a page, and replaced it with a question regarding whether all relevant laboratory tests have been conducted and a request for a brief explanation if not.</p> <p>The committee carefully reviewed all questions and forms only contain what the committee believes are critical for an informed decision.</p> <p>The committee circulated a proposed form, <i>Social Worker and Probation Officer's Attachment</i> (form JV-220(B)), that would have been submitted with the JV-220. To address several commentators concerns that requiring additional forms may result in delay if those forms are not completed, the committee no longer proposes this additional form. The committee has moved necessary questions from that proposed form into <i>Application for Psychotropic Medication</i> (form JV-220).</p>

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			<p>I ask that you please pare down the information requirements to those elements that you feel would be adequate for a judicial official to make a good decision for foster youth. The rest is superfluous.</p> <p>Thank you for your consideration.</p>	<p>The committee carefully reviewed all questions and forms only contain what the committee believes are critical for an informed decision.</p>
14.	Hon. Michael Nash (Ret.) Judge Superior Court of Los Angeles County	AM	<p>This proposed rule change offers a very significant improvement to the psychotropic medication approval process because it provides for substantially more information to be provided to the court before the court decides whether to approve the medication. The current process is mostly conclusionary, does not in itself help the court know how accurate the information is, and does not mandate any information from the agencies that have custody of the child to help the court. For this process to work, it is essential that the judicial officer receive as much information as possible relating to the request from all who are involved with the child and the child, if possible. The child's involvement and input is particularly important because too many youth who age up and out of the system have not been engaged in the process and are therefore not prepared to make their own decisions and/or follow through with the process when they reach the age of majority.</p>	<p>No response required.</p>

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			<p>In addition to the child, it is important that the caregiver and a parent in a reunification plan also be engaged in the process. The court needs to know if the caregiver is fully informed about the child’s issues, if the caregiver knows how to obtain the medication, if the caregiver knows what to look for after the child starts taking the medication, and whether the caregiver is capable of following the medication regimen, among other things. If a parent is in a reunification plan, the court needs to know the parents attitude towards the use of the medication and whether the parent has the ability to follow through with the child’s needs.</p> <p>See comments on specific provisions below.</p>	<p>The committee agrees that this is important information that the court needs to know from the caregiver and has amended <i>Statement About Psychotropic Medication</i> (form JV-219) with these questions.</p>
15.	National Center for Youth Law by Jackie Thu-Houng Wong Director of Government Relations	NI	See comments on specific provisions below.	No response required.
16.	Orange County Bar Association by Todd G. Friedland, President Newport Beach, CA	AM	<p>The OCBA generally agrees with the proposed changes, however there are some modifications needed.</p> <p>See comments on specific provisions below.</p>	No response required.
17.	Orange County Social Services Agency/Children and Family Services by Maritza Partida, Policy Analyst Orange, CA	AM	<p>Comments on the Proposal as a Whole...</p> <p>Since the Order Regarding Application for Psychotropic Medication (JV-223) is limited to</p>	<p>The committee concluded that it was rare for an application to be submitted at the same time as a</p>

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		<p>a specific time frame or six months from the date the order is issued, whichever occurs first; one could infer that a Social Worker, at each status review hearing and/or progress review, may be required to complete all of the following documents:</p> <ul style="list-style-type: none"> <li>• Application Regarding Psychotropic Medication (form JV-220)</li> <li>• Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</li> <li>• Report Regarding Psychotropic Medication—County Staff (form JV-224)</li> </ul> <p>Having multiple forms may create confusion, adds delays in processing the application, and impact workload. Could there be a consideration for the information obtained via the JV-224 (intended for periodic oversight) to be included in the court report prepared for the child’s status review/progress review hearings?</p> <p>Alternatively, can the JV-220 (B) and JV-224 be combined into a single document? If the two forms were condensed into one, the form can reference what items should be completed when the form is being submitted for “periodic oversight” purposes, which may be in conjunction with a renewal application as well.</p>	<p>status review hearing. Rather than mandate which forms should be filed if this did occur, the committee was silent on this in the rule so that each jurisdiction can determine a process should this occur. Depending on local practice, the court in one county may find a particular form more helpful than another, and the helpfulness of a particular form could vary by county.</p> <p>Prior to circulating this proposal for public comment, the committee did consider whether the information needed for the court to provide periodic oversight could be included in the social worker or probation officer’s court report. However, given how long it typically takes to get updates to CWS/CMS (the electronic system that contains court report templates) and the importance of the court receiving thorough information, the Committee concluded that a completed, mandatory form was necessary.</p> <p>The committee circulated a proposed form, Social Worker and Probation Officer’s Attachment (form JV-220(B)), that would have been submitted with the JV-220. To address several commentators concerns that requiring additional forms may result in delay if those forms are not completed, the committee no longer proposes this additional</p>

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			Some of the questions appear to be duplicative.  See comments on specific provisions below.	form. The committee has moved necessary questions from that proposed form into Application for Psychotropic Medication (form JV-220). The information needed for an application is different than the information the court needs to provide oversight of an already-prescribed drug, therefore, the committee will continue to recommend two separate forms.
18.	Brenda J. Parish Public Health Nurse Alameda County Public Health Department Hayward, CA	A	The proposal addresses the stated purpose in accordance with SB 238.  SB 319 authorizes foster care public health nurses provide oversight and monitoring of psychotropic medications for children and youth in foster care. In this role, it would be necessary to receive copies of all the proposed forms, however, most specifically JV220(A), JV220(B), JV224.  I am a foster care public health nurse, and welcome the opportunity to partner/collaborate with the Judicial Court to conduct periodic reviews of prescribed psychotropic medications for children and youth in foster care.  Thank you.	No response required.  The committee has amended rule 5.640 to contain a cross reference to the newly amended Civil Code §56.103. This will enable each county to develop its own process and procedure regarding the release of these forms to public health nurses based on its interpretation and understanding of the recent amendments to this code section.
19.	Public Counsel, Children’s Rights Project by Rachel Stein, Staff Attorney	NI	On behalf of Public Counsel's Children's Rights Project, I'm submitting this letter regarding the proposed revisions to the forms	No response required.

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Los Angeles, CA		<p>for the JV-220 process and Rule of Court 5.640.</p> <p>I. Children's Rights Project's Comments Regarding the Proposed New Forms and Revisions to Rule 5.640</p> <p>a. New Notice provisions- The proposed amendments to Rule 5.640 would require that the JV-220(A), JV-220(B), JV-217, and a blank copy of Opposition form JV-222 be provided to: child's parents/legal guardians, caregiver, child's attorney and child's CAPTA GAL, child's CASA, and Indian child's tribe.</p> <p>We agree with position of the National Center for Youth Law (NCYL) as set forth in its response to the Council's Invitation to Comment, that this aspect of proposed Rule 5.640 appears to conflict with several statutes, including Civ. Code § 56.106, Health &amp; Safety Code § 1231 16, and W IC § 5238.03, which prohibit a psychotherapist from allowing the parent of a dependent child to inspect or obtain copies of mental health records of a minor patient.</p> <p>Aside from disclosure to parents, the general</p>	<p>The committee no longer proposes providing the parents, caregivers, or tribes with a copy of <i>Prescribing Physicians Statement—Attachment</i> (form JV-220(A)).</p> <p>No response required.</p> <p>The committee no longer proposes providing the</p>

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		<p>rule is that medical information is confidential, and the provider cannot disclose such information without a proper written authorization, under the Confidentiality of Medical Information Act (CMIA), Cal. Civ. Code § 56 et seq. Additional research should be completed to determine whether it would violate CMIA to provide a dependent child's confidential mental health information to the tribe of an Indian child in situations where the child's attorney has not consented to the release of the information, and there is no court order allowing for such disclosure.</p> <p>Foster parents and relative caregivers have a right to receive medical and mental health information about the children in their care, under Welf. &amp; Inst. Code §§ 16010, 16010.4, and 16010.5. This information is generally provided in the form of a summary such as the DCFS Health and Education Passport. "The health and education summary shall include, but not be limited to, the names and addresses of the child 's health , dental, and education providers; the child 's grade level performance; the child 's school record; assurances that the child's placement in foster care takes into account proximity to the school in which the child is enrolled at the time of placement; the number of school transfers the child has already experienced; the child's educational progress, as demonstrated by factors,</p>	<p>parents or caregivers with a copy of <i>Prescribing Physicians Statement—Attachment</i> (form JV-220(A)).</p>



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		<p>including, but not limited to, academic proficiency scores; credits earned toward graduation; a record of the child's immunizations and allergies; the child's known medical problems; the child's current medications, past health problems, and hospitalizations; <b>a record of the child's relevant mental health history; the child's known mental health condition and medications; and any other relevant mental health, dental, health, and education information concerning the child determined to be appropriate by the Director of Social Services.</b> [ ] If any other law imposes more stringent information requirements, then that section shall prevail." WIC § 16010(a) (emphasis added).</p> <p>The information contained in the revised JV-220(A) may go beyond what caregivers are entitled to receive under the WIC provisions, absent the consent of the minor's attorney (or the minor herself, if old enough). For example, the revised form requires the physician to provide "an assessment of the child's overall mental health," the child's symptoms and response to current medication, a list of pharmacological and non-pharmacological alternatives that were tried in the last six months and the child's response to them, and which symptoms are not alleviated by current treatment. Some of this information is found in</p>	

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		<p>the Health and Education Passport, but not all of it (such as "an assessment of the child's overall mental health.") Additional research should be undertaken to verify whether providing caregivers with the information contained in the revised JV-220(A) and JV-220(B) is permissible under Welf. &amp; Inst. Code §§ 16010, 16010.4, and 16010.5.</p> <p>b. Procedure for when an application is missing information</p> <p>The proposed amendments to 5.640(c) would allow for a temporary order granting the application where the request is missing information, but only for a 14 day period.</p> <p>We agree with NCYL's proposal in its response to the Invitation to Comment that when the required information is not provided, the application should be denied, subject to the emergency provisions in the existing rule. The revised rule might also distinguish between a request for a new medication and a renewal. In the latter situation, a fourteen-day extension of the court's previous authorization might be justified.</p>	<p>The committee no longer proposes amending the rule to allow for temporary orders if all the information is not contained in the application. The committee has amended the rule to mandate that if the application is missing information, the court must order the applicant to provide the missing information and set a hearing.</p>
20.	Public Health Nurses by Mike Ranga Oakland, CA	NI	<p>Rule 5.640 (C) - Expanding Information Provided to Foster Care Public Health Nurse A Statement: That a foster care public health nurse should receive a copy of the Prescribing Physician's Statement Form (JJV-220A) and</p> <p>The committee notes that the cite provided is to the California Civil Code. The committee recommends that the council revise rule 5.640 to contain a cross reference to the newly amended Civil Code §56.103. This will enable each county</p>

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			<p>Report Regarding Psychotropic Medication – County Staff Form (JV-224) for health care coordination and maintenance of the Health and Education Passport (HEP).</p> <p>56.103.(a) A provider of health care may disclose medical information to a county social worker, a probation officer, a foster care public health nurse acting pursuant to Section 16501.3 of the Welfare and Institutions Code, or any other person who is legally authorized to have custody or care of a minor for the purpose of coordinating health care services and medical treatment provided to the minor, including, but not limited to, the sharing of information related to screenings, assessments, and laboratory tests necessary to monitor the administration of psychotropic medications.</p>	to develop its own process and procedure regarding the release of these forms based on its interpretation and understanding of the recent amendments to this code section.
21.	River Oak Center for Children by Harry Wang, MD, Psychiatric Director Sacramento, CA	N	<p>1. A thorough discussion of the pro and cons of psychotropic medication usage prior to court authorization is welcome. Discussion before initiating or continuing treatment, done in a timely manner, is preferable to the delays in treatment that have occurred when the TAR medication process has been lengthy.</p> <p>2. The county social worker will need to take a key role in providing updated information to biological parents and to the court about the progress of children and teenagers in out-of-home placements, including the progress of all</p>	<p>No response required.</p> <p>No response required.</p>

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		<p>treatment modalities. Current social worker caseloads sometimes make it challenging for them to gather this information themselves, much less share this with biological parents and/or with the court.</p> <p>3. The county social worker’s role will especially be important if parents are given a copy of the entire JV-220, as proposed. Parents will likely have many questions about the content of the JV-220 which would best be understood if there is frequent communication with the county social worker about the progress of their child or teenager.</p> <p>4. Prescribing physicians are the only professionals qualified to make medication recommendations to the court and to report progress on medication. It is crucial that the court gives great weight to what the physician reports.</p> <p>5. Because of the complexity of treatment options, child psychiatric consultation should be available to the court to help in the decision-making process.</p>	<p>The committee no longer proposes providing parents with a copy of form JV-220(A).</p> <p>SB 238 was a comprehensive bill and added to the already mandated judicial training, training that addresses the authorization, uses, risks, benefits, assistance with self-administration, oversight and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments, including how to access those treatments. Welf. &amp; Inst. Code §§304.7(a)(3), 16501.4(d). The committee believes that this comment can best be addressed when developing curriculum to meet the training mandate.</p> <p>The committee concluded that while psychiatric consultation is a good suggestion, it is not mandated by statute and is beyond the purview of the council’s rule making authority. SB 238 was a comprehensive bill and added to the already</p>

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			<p>6. Resources such as Helping Parents and Teachers Understand Medications for Behavioral and Emotional Problems ed. By Mina Dulcan, MD and Rachel Ballard, MD should be available to everyone involved in the medication decision-making process.</p> <p>See comments on specific provisions below.</p>	<p>mandated judicial training, training that addresses the authorization, uses, risks, benefits, assistance with self-administration, oversight and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments, including how to access those treatments. Welf. &amp; Inst. Code §§304.7(a)(3), 16501.4(d).</p> <p>Thank you for suggesting resources that may be helpful when developing trainings mandated by SB 238.</p>
22.	San Francisco Department of Public Health, Behavioral Health Services by Karen Finch, MD, Medical Director of Foster Care Mental Health Program	NI	<p>Concerns about decreased access to essential medication interventions:</p> <p>There is presently a critical shortage of child psychiatrists in the United States to serve the number of children and adolescents with mental health disorders<sup>1</sup>. Many low resource counties rely on non-child psychiatrists prescribers (ie pediatricians, general adult psychiatrists, nurse practitioners, etc) for the treatment of pediatric mental health disorders. In our experience, filling out the necessary forms can take anywhere from 30 to 60 minutes plus, which will likely require</p>	<p>Most of the new questions on form JV-220(A) are mandated by SB 238 or already existed on the form in a series of questions that were separated into distinct items. The committee added two other questions that it believed were critical. The new questions on the proposed form that are not required by SB 238 are: “How long have you been treating the child?” and “In what capacity have you been treating the child (e.g. treating psychiatrist, treating pediatrician)?” The committee also made the medication</p>

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		<p>additional appointment time to do so. The sheer length and the level of detail required in the forms will discourage providers from pursuing psychotropic medication when it would be indicated and beneficial.</p>	<p>administration schedule, which is currently on the form, mandatory rather than optional. To address the concerns that form JV-220(A) is too long, the committee split it into two forms, one for initial requests and one for a continuing request by the same physician, to decrease the length of the form for renewal requests. The committee removed items 3, 7, 8, 10, 12(c), 13-16, 19, and 24 and created a new form <i>Prescribing Physician’s Statement, Request to Continue—Attachment</i> (form JV-220(B)) to decrease the amount of information and time needed to complete the form when the same physician is requesting a renewal of a medication previously authorized by the court. This would decrease the form from 6 to 4 pages. Additionally, the committee rewrote two questions (items 10 and 11) that, as circulated for comment, called for six narrative answers to now ask two yes or no questions, and two narrative questions. The committee also deleted the item regarding laboratory tests that, as circulated for public comment, took up approximately 1/3 of a page, and replaced it with a question regarding whether all relevant laboratory tests have been conducted and a request for a brief explanation if not.</p>
		<p>We are concerned that what is intended to be a helpful oversight process will result in decreased access to treatment and bad outcomes. This concern is supported by what occurred with antidepressant medication for</p>	<p>No response required.</p>

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		<p>pediatric and young adult depression following the Food and Drug Administration’s (FDA) addition of a “black box” warning label, which was intended to be a useful alert for providers. The use of commonly prescribed antidepressants subsequently decreased, and during the same period suicide attempts rose in teens and young adults. Researchers concluded that the decrease in antidepressant use was related to fears evoked in prescribers. This inadvertently resulted in many depressed young people without appropriate treatment, which may have boosted the increase in suicide attempts.<sup>ii</sup></p> <p>There are many mental health disorders in youth that benefit from the use of psychotropic medication, and there are numerous FDA indications that have emerged from this evidence (Attention Deficit Hyperactivity Disorder, Depression, Obsessive Compulsive Disorder, Schizophrenia, Bipolar Disorder to name a few). There are many situations, however, where there are no FDA approved psychotropic medications for a particular mental health concern. Experts indicate the historical lack of pediatric drug testing is primarily due to the fact that pharmaceutical companies generally have viewed children as a market that would bring only small financial benefits.<sup>iii</sup> Pediatric psychiatrists must often extrapolate data from adult studies and</p>	No response required.

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		<p>populations to inform psychotropic medication selection in youth. The practice of pediatric psychiatry is nuanced and complex. It requires significant post-graduate training beyond medical school to master these skills.</p> <p>The treatment information that is now being asked of social workers, probation officers, and judges in this new proposal falls out of the scope of practice for these non-medically trained professionals. The increased requirements of the non-medically trained professionals are unrealistic, and will contribute to delays in treatment for youth who require psychotropic medication as an integral aspect of their treatment plan.</p> <p>The questions that specifically fall out of the scope of practice for social workers and probation officers include Items 7 &amp; 8 of JV-220(B) – (asking for non-pharmacological and pharmacological treatment alternatives, and if none tried rationale for not doing so).</p>	<p>The committee concluded that the social worker or probation officer would be asking the physician these questions and reporting back to the court.</p> <p>The committee circulated a proposed form, <i>Social Worker and Probation Officer’s Attachment</i> (form JV-220(B)), that would have been submitted with the JV-220. To address several commentators concerns that requiring additional forms may result in delay if those forms are not completed, the committee no longer proposes this additional form. The committee has moved necessary questions from that proposed form into <i>Application for Psychotropic Medication</i> (form JV-220).</p> <p>Questions 7 and 8, as circulated for comment asked about pharmacological and nonpharmacological treatment options that had</p>



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			<p>Concerns regarding the availability of non-pharmacological interventions:</p> <p>As discussed above, we are concerned that this proposal delays access to psychotropic medication intervention, a key treatment aspect for many youth. On virtually all of the forms, the proposal inquires about non-pharmacological interventions. We agree that non-pharmacological interventions are</p>	<p>been tried in the last 6 months. The committee agrees to amend form JV-220 to delete the two questions that would be duplicative of the information in the JV-220(A) and ask instead if the information provided by the physician for questions #12-13 is correct, to the best of the social worker's knowledge, and whether the social worker has any additional information to add about mental health treatment alternatives to the proposed medication or other psychotropic medication tried in the last six months. This information is essential to the court's oversight function, and the prescribing physician may not have received enough information to answer these questions. The committee has redrafted the questions regarding non-pharmacological and pharmacological treatment alternatives to discuss mental health treatment options and other psychotropic medications, areas that are well within the social worker or probation officer's knowledge as the child's case manager.</p> <p>The committee has redrafted the questions regarding non-pharmacological and pharmacological treatment alternatives to discuss mental health treatment options and other psychotropic medications, areas that are well within the social worker or probation officer's knowledge as the child's case manager.</p>

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			<p>essential. In most cases, the medical literature supports the use of psychotropic medication in children and adolescents in addition to psychosocial interventions, which are often the primary interventions. Many foster youth have experienced significant trauma in their lives, and in those cases of Post-Traumatic Stress Disorder it is especially important that treatment planning consider a comprehensive approach, with trauma-focused psychotherapies as first-line treatment.<sup>iv</sup></p> <p>It can be difficult, and nearly impossible for prescribers to locate and access providers with specific, trauma-focused training. We recommend adding resources to be allocated to ensure availability of the full array of primary, non-pharmacological treatments that have been identified to be beneficial to children and adolescents (such as trauma-focused cognitive behavioral therapy, child parent psychotherapy, family therapy, dialectical behavioral therapy).</p> <p>See comments on specific provisions below.</p>	<p>SB 238 mandates that information regarding the rationale for the proposed medication must be provided to the court, and must include information on other pharmacological and nonpharmacological treatments that have been utilized and the child's response to those treatments. Welf. &amp; Inst. Code § 369.5(a)(2)(B)(iii)</p> <p>The committee agrees that it is important for children to have available to them the full array of primary, non-pharmacological treatments that have been identified to be beneficial to children and adolescents. Adding financial resources to ensure their availability, however, is outside the purview of the Judicial Council's rulemaking authority and is the responsibility of the Governor and Legislature.</p>
23.	State Bar of California, Executive Committee of the Family Law Section by Saul Bercovitch, Legislative Counsel San Francisco, CA	AM	<p>The Executive Committee of the Family Law Section of the State Bar (FLEXCOM) supports this proposal, with the following modifications:</p> <p>See comments on specific provisions below.</p>	No response required.
24.	Superior Court of Los Angeles County	A	No specific comment.	No response required.

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25.	Superior Court of Riverside County by Marita Ford, Senior Management Analyst	A	No specific comment.	No response required.
26.	Superior Court of San Diego County by Mike Roddy, Executive Officer San Diego, CA	AM	This has always been a complicated process, and it is only getting more complicated. The proposal, however, is necessary in light of SB 238.  See comments on specific provisions below.	No response required.
27.	Melissa Vallas, MD Alameda County Behavioral Health Care Services (ACBHCS) San Leandro, CA	AM	See comments on specific provisions below.	No response required.
28.	Harry Wang, MD Sacramento, CA	NI	I am board certified in pediatrics, psychiatry, and child and adolescent psychiatry. I have been in private practice since 1986 and have been psychiatric director of River Oak Center for Children (ROCC) since 1987. ROCC provides a wide range of mental health services for over 900 Sacramento County Medi-Cal clients. About 32% of our clients receive psychiatric care. In addition, I am Clinical Professor of Psychiatry at UC Davis School of Medicine where I supervise Child and Adolescent Psychiatry Residents and also co-teach a class.  I previously submitted comments representing ROCC. These are my personal comments.	No response required.

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		<p>I understand that the purpose of proposed changes to the JV-220 is to ensure that psychotropic medication is used and monitored appropriately given concerns raised in this area. However, there are three issues that need to be considered. First, I have heard little discussion about why so many children and youth are being placed into foster care in the first place and what can be done on the “front end” to keep them with their families. As long as children and youth continue to be traumatized and have insecure relationships, they will continue to be placed into foster homes. Prescribing physicians are trying to do their best in helping to improve their behavioral and emotional dysregulation but this will always be a challenge because of the long-lasting effect of past traumas and the frequent unavailability of a familial home.</p> <p>Secondly, I am very concerned that the detailed information required by the court, and shared with biological parents, will threaten confidentiality, delay treatment, and also take away time that physicians could be spending with other clients. There needs to be an appropriate balance between informing the court for the consent process without affecting confidentiality or create delays in treatment.</p> <p>Thirdly, child and adolescent psychiatrists are</p>	<p>No response required.</p> <p>The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p> <p>SB 238 was a comprehensive bill and added to the</p>

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			uniquely qualified to diagnose, provide input into a comprehensive treatment plan, consult with other medical and mental health professionals, and to recommend, prescribe, and provide follow-up for clients on psychotropic medication. While it is important for the court to consider other sources of information, the primary rationale for medication treatment and subsequent progress should come from the prescribing physician, just as an operating surgeon should be the one to provide information to the court for a proposed surgery.	mandated judicial training, training that addresses the authorization, uses, risks, benefits, assistance with self-administration, oversight and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments, including how to access those treatments. Welf. & Inst. Code §§304.7(a)(3), 16501.4(d). The committee concluded that this comment could best be addressed as curriculum is developed to meet the training mandate.
29.	Young Minds Advocacy by Aisa Villarosa, Associate Attorney San Francisco, CA	NI	To the members of the Family and Juvenile Law Advisory Committee:  Thank you for the opportunity to comment on Proposal W16-06 (“Juvenile Law: Psychotropic Medication”). Having carefully examined the Invitation to Comment and proposed changes, I appreciate the thoughtful work that went into its drafting. Overall, I support the spirit of collaboration emphasized by the proposal in requesting more detailed feedback from a youth’s prescribing physician, social worker, probation officer and caregivers.  I strongly believe, however, that the proposed changes present significant privacy concerns that can delay or prevent successful treatment for youths.	To address privacy concerns, the committee no longer proposes providing caregivers or parents with form JV-220(A).

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			<p>Moreover, the proposal fails to extend coordination to mental health services providers—an essential component of the child’s treatment team.</p> <p>I hope that the recommendations contained in the following Comment provide guidance in finalizing the proposal, particularly in the areas of concern highlighted below. In closing, thank you again for the opportunity to submit feedback to W16-06. Together, we can achieve the objectives of the proposal in assuring quality mental health treatment to children across the state.</p> <p>I. Introduction            Proposal W16-06 amends Court Rule 5.460 to require parents, caregivers, CASA and the Indian child’s tribe to be served with a copy of forms JV-220(A) and (B) as part of the application process to request psychotropic medication for an adjudicated youth. The proposal intends to “ensure that the child and his or her caregiver and court-appointed special advocate (CASA), if any, have an opportunity to provide input on the medications being prescribed...”</p> <p>To this end, Proposal W16-06 will:</p>	<p>SB 238 mandated the council to create rules and forms to implement 5 main provisions. Coordination with mental health services was not among these provisions. The committee concluded that this coordination would require additional legislation.</p> <p>No response required.</p> <p>No response required.</p>

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		<ul style="list-style-type: none"> <li>• Revise form JV-220(A) (“Prescribing Physician’s Statement”);</li> <li>• Adopt the new form JV-220 B (“Social Worker or Probation Officer’s Statement);</li> <li>• Revise forms JV-220 (“Application Regarding Psychotropic Medication”), JV-221 (“Proof of Notice: Application Regarding Psychotropic Medication”) and JV-223 (“Order Regarding Application for Psychotropic Medication”); and</li> <li>• Approve of the optional forms JV-218 (“Child’s Statement Regarding Psychotropic Medication”) and JV-219 (“Statement Regarding Psychotropic Medication”)</li> </ul> <p>Presently, Rule 5.460 requires the aforementioned parties to be provided 1) a statement from a physician asking to treat the child’s emotional or behavioral issues by beginning or continuing administration of psychotropic medication, 2) the name of the psychotropic medication and 3) a statement that an application (a form JV-220) and “Prescribing Physician’s Statement” (JV-220A) is pending before the court.</p> <p>The W16-06 Proposal Committee concluded “that in order for the caregiver, CASA, and Indian child’s tribe to provide meaningful input to the court, they [need] to know what information was used as a basis for</p>	No response required.

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		<p>the proposed prescription and what alternatives, if any, could be tried in lieu of the proposed medication. By providing the full application rather than merely notice that it is pending, the caregiver, CASA, parents, and Indian child’s tribe will have the information necessary to provide meaningful input to the court.”</p> <p>B. Potential Negative Effects</p> <p>In general, the approach taken by the JV-220 process of treating medications as a unique and separable mental health service ignores the larger challenge we face: how to provide foster youth with safe and effective mental health services. Impeding access to one mental health service—medications—will not likely improve mental health care to individual youths, or to foster youth overall. A primary reason for the high level of psychotropic medication use among child welfare-involved youth is the high level of mental health needs in this population. Indeed, most psychotropic medications are not “overused,” considering the disproportionate need for mental health treatment among foster youth.<sup>4</sup> Moreover, in cases where other mental health services are not available, are ineffective, or are delayed or of poor quality, medications may be being provided because they are the “only game in town.”</p>	<p>No response required.</p>



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		<p>In these circumstances, it hardly makes sense to deny a child the only service available, or to expect the psychiatrist to magically resolve systemic mental health problems with service access, quality, and efficacy. A better approach would be to include in the court oversight process agencies or actors who have some control or influence over these factors. Those agencies and actors are the county’s Mental Health Plan or care coordinator, and possibly the child’s Managed Care Plan or its care coordinator.</p> <p>The changes to Rule 5.460 may constrain some physicians from prescribing some medications, but in doing so it could mean that foster youth become second class citizens, denied services that would be provided to youth who are not subject to the JV 220 process. Moreover, the additional process will almost certainly result in delay and denial of services to foster youth. Moreover, to the extent that a judge denies a child prescribed medications, the court may violate the child’s rights under Medicaid because the JV 220 process for determining what’s in the interest of the child is not the same as the process for determining medical necessity under Medi-Cal.</p> <p>Failure to Extend Coordination to Providers It is important that a youth’s caregivers and parents collaborate with physicians, social</p>	<p>SB 238 mandated the council to create rules and forms to implement 5 main provisions. Coordination with mental health services was not among these provisions. The committee concluded that this coordination would require additional legislation.</p> <p>In 1999, the Legislature passed SB 543 (Bowen; Stats. 1999, ch. 552), which provided that only a juvenile court judicial officer has the authority to make orders regarding the administration of psychotropic medications for foster children. Court authorization for the administration of psychotropic medication must be based on a request from a physician. Welf. &amp; Inst. Code § 369.5(a)(1).</p> <p>SB 238 mandated the council to create rules and forms to implement 5 main provisions. Coordination with mental health services was not</p>

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		<p>workers and probation officers in the best interests of the child. However, a key weakness in the proposal is the failure to extend coordination to the mental health services provider or providers. This oversight appears to stem from a misunderstanding of the role the prescribing physician performs in delivering mental healthcare to foster youth in California’s mental health managed care system. In general, a care coordinator or therapist funded by the County Mental Health Plan guides the treatment planning process and access to specialty services, including psychiatry and medication management. It is this care coordinator or therapist who bears primary responsibility for coordinating mental health care for the youth and driving decisions about the treatment plan. As a separately contracted service, the prescribing physician does not have direct oversight, and often has limited influence, over the treatment plan or the other service providers on the treatment team. Moreover, the physician’s role is typically limited to evaluating the need for and appropriateness of medications. Acting alone, the doctor usually has no authority or capacity to provide alternative services or therapies.</p> <p>In order to both improve the information available to the prescribing physician, and encourage responsible alternatives to medication, it is essential to</p>	<p>among these provisions. The committee concluded that this coordination would require additional legislation.</p> <p>SB 238 mandated the council to create rules and forms to implement 5 main provisions. Coordination with mental health services was not among these provisions. The committee</p>

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			include the Mental Health Plan’s treatment coordinator or therapist in the JV 220 process. As drafted, the proposal overlooks this essential collaboration.  See comments on specific provisions below.	concluded that this coordination would require additional legislation.
30.	Youth Law Center by Cat McCulloch, Legal Fellow San Francisco, CA	NI	To Whom It May Concern:  These comments are submitted on behalf of the Youth Law Center, a San Francisco-based, public interest law firm that works on behalf of children in the juvenile justice and child welfare systems in California and around the country. Our comments are on the following rules and forms in the above-referenced proposal:  See comments on specific provisions below.	No response required.

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
<p>California Academy of Child &amp; Adolescent Psychiatry by Robert P. Holloway, MD, President, Cal-ACAP and Kristen Barlow, CBHDA Executive Director</p>	<p>With all this protected health information being released, we also have concerns that children and adolescents need the option of keeping personal information from being shared with family and tribal or community members. One of the first questions we are asked when evaluating a child is whether the information is confidential or whether it will just be shared with their caregivers. If we are not able to ensure appropriate confidentiality, we may compromise our relationship with a child and not be able to gather information that is essential for treatment.</p> <p>COMMENTS: The county social worker’s role will especially be important if parents are given a copy of the entire JV-220, as proposed, and will likely result in workload increases. Parents will likely have many questions about the content of the JV-220 which would best be understood if there is frequent communication with the county social worker about the progress of their child or teenager. Current social worker caseloads sometimes make it challenging for them to gather this information themselves.</p> <p>How can we assure confidentiality for kids if we're sending what is essentially a complete assessment to the courts and potentially sending a list of their history, treatments, and treatment options to their families, CASA, and/or tribe?</p> <p>Compromising confidentiality could discourage adolescents, for example, who may not engage meaningfully in their mental health treatment because of their perception that personal information is shared so widely. This proposal also brings in possible breaches of HIPAA, which may have a chilling effect on the potential pool of prescribers for this population due to</p>	<p>The committee no longer proposes providing parents or caregivers with a copy of Prescribing Physician’s Statement—Attachment (form JV-220(A)).</p> <p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>penalties related to HIPPA violations.</p> <p>We would recommend considering how we may further allow children and adolescents the option to keep sensitive or stigmatizing information confidential.</p> <p>Illegible completion of forms is not addressed in this section as “missing information” but should likely be included. The number of separate pages and forms that are proposed may inadvertently result in an increase of “missing information”. In most counties these forms are sent to the juvenile court by the facsimile process which can be very problematic at times as opposed to electronic submissions. As stated previously, the completion of forms by typing is not evident in the guidance provided in the draft forms and may be an issue that should be addressed in further revisions.</p> <p>“Temporary” orders of the administration of medications can be clinically problematic in the case of certain classes or categories of medication; some medications like antidepressants take time to aid the nervous system in repairing itself, while therapeutic levels of other classes of medications may need time to build up to be effective. Interrupting the time required to repair or reach therapeutic level may thereby prolong the duration of symptoms and delay of medication benefit. We believe that further discussion is warranted regarding the temporary authorization timeframes.</p> <p>COMMENTS – Mandating this at each status review hearing may be problematic in that such dates may not align with the observed benefit of the medication especially if such a date occurs very early in the period of the “build-up” necessary for</p>	<p>The committee has amended the rule to mandate that if information is missing from an application, the court must order the applicant to provide the missing information and set the application for a hearing.</p> <p>The committee has removed from the proposed rule the option for the court to make temporary orders for medication.</p> <p>SB 238 mandates that the court’s periodic review be conducted in conjunction with other regularly scheduled court hearings.</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>some medications. Thus it may not be useful in such instances.</p> <p>There should be some consideration given to providing guidance to the courts on this specific issue.</p> <p>It also was not clear to some if there would be a process to ensure that these progress reports are also provided to the prescribing physician? That may indeed be the case, but it wasn't readily clear upon first examination of this section.</p>	<p>SB 238 was a comprehensive bill and added to the mandated judicial training, training that addresses the authorization, uses, risks, benefits, assistance with self-administration, oversight and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments, including how to access those treatments. Welf. &amp; Inst. Code §§304.7(a)(3), 16501.4(d). The committee concluded that this comment could best be addressed as curriculum is developed to meet the training mandate.</p> <p>The committee agrees that physicians should be provided with all the information necessary to make a thorough assessment of the child. Mandating any of that information be provided, however, is not addressed in SB 238 and therefor out of the scope of this proposal.</p>
<p>California Alliance of Child and Family Services by Carol Schroeder, MS Executive Director and Dave Neilsen, MSW Senior Policy Advocate</p>	<p>Amend Rule 5.640.</p> <p>Discussion: The Prescribing Physician's Statement JV 220A</p> <p>The Alliance notes that the JV 220A "must" be fill out by the physician (Page 13) and include all of the listed items. The current practices vary from physician to physician as we understand it, depending upon their specialty, the clinic location and relationship to the residential setting of the child. Currently clinical staff of some residential placements may assist in compiling the needed information, entering it into the form, allowing for the physician's review during the</p>	

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<b>Rule 5.640—Psychotropic Medications</b>		
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	<p>examination process. If the literal requirement were to be implemented, and/or a physician believed that she/he needed to do all of actual data entry, this may deter some physicians from participating in this segment of health care, already severely impacted by lack of child and adolescent psychiatrists. It is time consuming, and not necessarily reimbursable through Medi-Cal for the entire time required to complete.</p> <p>Recommendation: The Alliance recommends that instructions for the completion of the JV 220A allow for the prescriber to sign the form, and that it be allowed that alternative clinical and administrative staff members involved with the authorization request be approved to participate in the information gathering and entry.</p> <p>Discussion: Items (c) (1-2) introduce the new forms that are proposed to be part of the authorization process, and new options for input from county staff, youth, caregivers, parents, and CASA’s. The courts will be working hard to organize this quantity of information, and make sense of it. While many options certainly are in the best interests of achieving inputs from these individuals, there may be confusion created within the many stakeholders as to who is responsible for gathering this, and could we find that so many options create unnecessary workloads managing the many optional points of communication.</p> <p>Recommendation: Courts will need additional staffing to manage these communications and track responses in order to effectively assist in the court processes.</p>	<p>Rule 5.640(c)(7) requires that form JV-220 “must include” all of the listed items. It is silent as to who can or cannot fill out the form. The rule does not preclude alternative clinical and administrative staff members involved with the authorization request from participating in the information gathering and entry.</p> <p>The committee agrees that the new forms will increase workload for court staff and for those who are responsible to provide notice. However, the child and caregiver’s input is mandated by SB 238 and is critical</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Discussion: Items under (c) (7) (D-G) on Page 13 would insert a list of items that MAY or MAY NOT be available to prescribing physician as part of completing the Prescribing Physician’s Statement for a number of reasons that have been discussed in the last year during legislative hearings, such as the child is new to a residential program, on a waiting list at county mental health for access to psycho-social treatments and a “tx plan”. Awaiting medical records from past placements and past health care professionals is a known problem within the foster care populations and not likely to be resolved in the near future.</p> <p>Recommendation: While including the items for possible prescriber/staff responses, the absence of responses in these fields should not trigger an automatic response from the courts denying the request.</p> <p>Discussion: The item (c) (7) (J) asks for responses from the prescriber as to what additional services the patient is receiving or recommended to receive. With a significant portion of the psychotropic medications for foster youth being prescribed by pediatricians and general practice offices, they may not be aware of the specialty mental health services that could be made available to this youth.</p> <p>Recommendation: Lack of responses in this portion of the JV 220A should not trigger an automatic denial from the courts on the authorization of the medication.</p> <p>Discussion: The item (c) (7) (K) asks for a statement from the prescribing physician that the child has been informed of the proposed treatment, and asks for the “child’s response and an</p>	<p>in the court’s new periodic oversight role.</p> <p>The items in rule 5.640(c)(7)(D)-(G) are required under the newly enacted Welf. &amp; Inst. Code § 369.5(a)(2)(B)(iii).</p> <p>SB 238 was a comprehensive bill and added to the mandated judicial training, training that addresses the authorization, uses, risks, benefits, assistance with self-administration, oversight and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments. , including how to access those treatments. Welf. &amp; Inst. Code §§304.7(a)(3), 16501.4(d). The committee concluded that this comment could best be addressed as curriculum is developed to meet the training mandate.</p> <p>See response above. The committee concluded that this comment could best be addressed as curriculum is developed to meet the training mandate.</p>



**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>explanation”. It is unclear what is being requested to be explained, is the court seeking a physician’s perspective on how the child received this information, understood the information, agreed with the recommendation, or disagreed?</p> <p>Recommendation: The “explain” line following this item on the form should be clearer to ensure the information sought is delivered in this statement.</p> <p>Discussion: Item (c) (9) describes in great detail what the noticed parties will receive as part of the authorization request. The Alliance notes that there is always a concern for child safety, in the immediate and in the long terms. There may be information contained within the Prescribing Physician’s Statement that will be the basis for future parental displeasure, or anger. There does not appear to be any “gatekeeping” on this material.</p> <p>Recommendation: The Judicial Council should work with stakeholders and foster youth on how best to fully inform parents/caregivers and others while at the same time recognizing situations which need additional safeguards when it comes to sharing patient information. These findings should direct CWS and Probation Staff to work with courts on how to protect sensitive client information.</p> <p>Discussion: Items (c) (10-13) articulates the various statements (JV 218 and JV 219) and timelines for filing with the court. The Alliance has concerns about these safeguards and participation standards due to the unknown accuracy of the information being self-reported, or reported by adults. The courts appear to become arenas for competing information and</p>	<p>The committee has amended the form and replaced “explain” with “Briefly describe the child’s response:”</p> <p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p> <p>Juvenile court judicial officers every day hear different positions and perspectives, afford them the weight they deem suitable, and issue important decisions about the children and families who appear before them. This form is meant to be filled out by caregivers to provide the court with much needed information on the child’s</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>opinions, perhaps adding difficulty to the task of sorting out the information and its relevance to the request for authorization. Analyzing these various statements and making judgements as to the accuracy and perspective of the author of these statements appears to add burdens to the court staff. The JV 219 does not have a clear focus upon specific emotions or behaviors that are generally associated with serious mental health conditions.</p> <p>Recommendation: There may be no realistic way to collect this important information without gathering up potentially conflicting and erroneous feedback.</p> <p>That said, presenting descriptions of behavior related to anxiety, depression, violent/aggressive behaviors in neutral “checkboxes”, could be included as part of the JV 219 to assist parents in recognizing past behaviors.</p> <p>Discussion: Item (c) (14) allows courts to grant temporary authorization when applications are not complete. There many circumstances in which prescribing physicians and placement agencies cannot obtain immediate access to ALL of the requested materials in the revised forms. This flexibility allows for appropriate medical interventions while additional information is sought.</p> <p>Recommendation: Retain this temporary authorization pathway.</p>	<p>behaviors and in the event of a renewal request, the benefits and side effects of the medication. It is an area of judicial discretion to determine how much weight to give the caregiver’s statement.</p> <p>The committee concluded that narrative questions and answers would provide the court with a more comprehensive understanding of how the medication was effecting the child than checkboxes would provide.</p> <p>Based on concerns from other commentators, the committee has removed the option to set temporary hearings from the rule. The committee has amended the rule to mandate that if the application is missing information, the court must order the applicant to</p>

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**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
		provide the missing information and set a hearing on the application.
County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	The Mandatory JV-224 and proposed changes to Rule 5.640(f) and (g): We do not oppose the mandate to mandate a filing of the new proposed form at the status review hearing, but we have concerns with the information required of County staff in order to complete this form. Our concerns and comments here are consistent with comments made for the JV-220(B). Some of the information requested on this form will likely to be completed by the CWS Public Health Nurse (eg: List of prescribed medications, name of prescribing physician, etc.). However, some of this information is repetitive of information already submitted on the JV 220 (which should be retained by the Court in the court’s case file). Much of this information will need to be obtained from the prescribing physician, and we believe it is more appropriate for that physician to provide directly to the court. As such, we recommend a new form be developed that would be completed by the prescribing physician to update information and submitted to the court, such as the dates of follow up visits (Question 15) and the dates of laboratory tests completed (Question 16), thereby eliminating the requirement that the social worker or public health nurse provide this information. Any new/changes in medications would require a new JV 220A, as such, questions #5 is unnecessary. The caregiver and child’s observations, Questions 8-13, may be addressed by the JV-218 and JV-219, and as such, these questions should not be necessary for the social worker/PHN to complete if the caregiver has completed these forms.	The committee concluded that form JV-224 would be submitted for any progress reviews on medication. This will usually not be at the same time as the physician submits a form JV-220(A) with a request to reauthorize or change medication. The questions on the JV-224 are necessary to ensure that the court can meet the mandates in the newly enacted code sections that the periodic oversight include the caregiver’s and child’s observations regarding the effectiveness of the medication and its side effects, information on medication management appointments and other follow-up appointments with medical practitioners, and information on the delivery of other mental health treatments.
East Bay Children’s Law Offices By Roger Chan, Executive	Additional Comments:	

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
<p>Director Oakland, CA</p>	<p>5.640(c)(7)(B) – Prescribing Physician’s Statement - SUPPORT</p> <p>The new language appears to address the issue of when a new medication is prescribed to replace a current medication. We agree that physicians should clearly articulate the treatment plan and schedule, in particularly when recommending a change in medications that requires an overlapping period of multiple medications. Because some psychotropic medications should be tapered off instead of immediately stopped, physicians occasionally prescribe multiple medications with the intention of transitioning youth from the previous regimen to a new regimen (e.g. transitioning from Strattera to Vyvanse). An additional requirement may be for the physician to explain any potential negative impact on the child if the old and new medications overlap and how the transition will be monitored.</p> <p>5.640(c)(10)-(12) -- Time to respond to JV-220 - SUPPORT WITH MODIFICATION</p> <p>The rule allows certain people to file an Opposition or Statement regarding the JV-220 “within four court days of service of notice of the pending application for psychotropic medication.” Does “service of notice” mean the date the Application is transmitted to the required individuals, or the date of receipt of the Application? The Rule does not specify the mode of notice (e.g. US Mail, fax, email, etc.). If the application is sent by US Mail, the receiving person may not have adequate time to respond to the application.</p> <p>Recommendation: The rule should permit the identified people to respond within four court dates “after receipt” of the notice.</p>	<p>The committee has amended the order form to include an order that if the physician is recommending that a medication be stopped, that the social worker or probation officer must consult with the physician to determine if the physician is ordering that the medication should be stopped immediately or gradually over time.</p> <p>The committee has amended the rule to indicate that the forms must be filed within four court days of <i>receipt</i> of notice of the application.</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>5.640(c)(14) – Temporary Authorization - OPPOSE</p> <p>The new rule allowing for a temporary order for use of medications although required information is missing from the request to the court is potentially dangerous to the health of children and youth. We understand that the decision to administer psychotropic medications is time-sensitive and often in the midst of some behavioral crisis for the young person, and no one wants to delay access to necessary treatment for youth. However, the professionals responsible for preparing the Application should be held responsible for providing the Court with the required information every time they make such an important application.</p> <p>Recommendation: Delete “can temporarily grant the application for authorization for a period not to exceed 14 calendar days or deny the application” and instead authorize the court to “order the department to provide the required information” or set the matter for a hearing within 7 days (or other reasonably short period of time) to ascertain the required information.</p> <ul style="list-style-type: none"> <li>• 5.640(c)(15) Time for hearing – CLARIFICATION NEEDED</li> </ul> <p>The rule does not specify the time for hearing but should require that a hearing be held within a specified time period, such as within 15 calendar days.</p> <ul style="list-style-type: none"> <li>• 5.640(g)(2) Progress Review – SUPPORT WITH</li> </ul>	<p>Based on this comment and concerns from other commentators, the committee has removed the option to set temporary hearings from the rule. The committee has amended the rule to mandate that if the application is missing information, the court must order the applicant to provide the missing information and set a hearing on the application.</p> <p>The committee did not amend the rule to indicate a timeframe by which the application must be heard. The committee concluded the timeframe is a matter of judicial discretion and did not want to mandate a timeframe in the rule.</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>MODIFICATION</p> <p>We agree that the social worker or probation officer should be required to file a completed Report. However, we are concerned that without a court order, they will not comply or that there will be delays in compliance, due to labor negotiation issues, as happens so often with new procedural requirements.</p> <p>Recommendation: Make clear that the court is ordering the social worker or probation officer to file the completed report for the Progress Review.</p>	<p>The committee concluded that the court could not order a form filed within a rule. If noncompliance with report filing is a problem in a county, the judge can use discretion and order the social worker or probation officer to file the report.</p>
<p>National Center for Youth Law by Jackie Thu-Houng Wong Director of Government Relations</p>	<p>Expanding Information Provided to Parent. The current Rule provides that notice to the parents<sup>2</sup> is limited to</p> <ul style="list-style-type: none"> <li>• A statement that a physician is asking to treat the child’s emotional or behavioral problems by beginning or continuing the administration of psychotropic medication and the name of the psychotropic medication; and</li> <li>• A statement that an Application Regarding Psychotropic Medication and the supporting Prescribing Physician’s Statement are pending before the court. (emphasis added)</li> </ul> <p>The proposed rule, Rule 5.640 (c)(9)(A)(iii) and (iv) would require that parents are provided with, among other additional information, a completed copy of the Prescribing Physician’s</p>	<p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p>

<sup>2</sup> Notice to the parent’s attorney is limited to this same information under the current Rule, Rule 5.640 (c)(7)(A).

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<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Statement (Form JV-220A). The Judicial Council committee explained that “they [parents, et al] needed to know what information was used as a basis for the proposed prescription and what alternatives, if any, could be tried in lieu of the proposed medication.”<sup>3</sup></p> <p>It appears that the proposed Rule change conflicts with several statutes – i.e. Civil Code §56.106, Health &amp; Safety Code §123116, and Welf. &amp; Inst. Code §5328.03<sup>4</sup>- enacted as part of SB 1407 (Leno) in 2012.</p> <p>SB 1407 prohibits the disclosure of a dependent child’s<sup>5</sup> mental health records or information based on the request of a child’s parent or guardian, unless the court finds that the release of information would not be detrimental to the child and orders otherwise. It amended three sections of the Code addressing the confidentiality of medical records – Lanterman-Petris-Short Act, Patient Access to Health Records Act, and the California Confidentiality of Medical Information Act.</p> <p>The prohibition in SB 1407 applies to disclosures of ‘mental</p>	<p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p>

<sup>3</sup> The child’s caregiver, CASA, and Indian tribe also would be provided with this additional information. See, Proposed Rule 5.640 (c)(9)(B) & (D).

<sup>4</sup> The language in each provision is identical

Notwithstanding Section 3025 of the Family Code... or any other provision of law, a psychotherapist who knows that a minor has been removed from the physical custody of his or her parent or guardian pursuant to Article 6... shall not allow the parent or guardian to inspect or obtain copies of mental health records of the minor patient. This restriction shall not apply if the juvenile court has issued an order authorizing the parent or guardian to inspect or obtain copies of the mental health records of the minor patient after finding that such an order would not be detrimental to the minor patient.

<sup>5</sup> Although the Assembly analyses states that the bill prohibits disclosure of “a dependent child’s mental health records or information,” the prohibition applies even prior to adjudication to any minor who “has been removed from the physical custody of his or her parent or guardian...”

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>health records” by a ‘psychotherapist.’ Each of these terms references existing definitions elsewhere in the Code. Both ‘mental health records’ and ‘psychotherapist’ are very broadly defined. ‘Psychotherapist’ for example includes 16 categories of health care professionals.<sup>6</sup></p> <p>The bill’s restrictions on release of mental health information about the child are based on concerns</p> <p>[A] noncustodial parent may not be acting in their child’s best interests when authorizing use of the child’s mental health treatment information, and may use this confidential information to further their own legal purposes, undermining the child’s stated wishes or best interests. Children who lose trust in the confidentiality of their communications may be unwilling to trust future therapists, social workers or counselors.<sup>7</sup></p> <p>In further support of the bill, the author pointed out</p> <p>[L]imiting the ability of a parent, whose child has been removed from his or her custody in dependency proceedings, to make certain decisions regarding his or her child, is consistent with existing law... During the time a parent does not have physical custody of his or</p>	

<sup>6</sup> Evid. Code §1010. The reference to physicians, however, includes “a person authorized to practice medicine in any state or nation who devotes, or is reasonably believed by the patient to devote, a substantial portion of his or her time to the practice of psychiatry.”

<sup>7</sup> Senate Judiciary Committee, Bill Analyses, p.5,



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	<p>her child, the court may restrict a parent's rights in a number of ways.<sup>8</sup></p> <p>The limitations noted by the author included the section of the Code giving courts the sole authority to make orders regarding the administration of psychotropic medications for children who have been removed from their parent's custody pursuant to Welfare and Institutions Code Section 300. (Welf. &amp; Inst. Code Sec. 369.5(a).)<sup>9</sup></p> <p>removed from their custody. It does not address the access of caregivers, CASA's or Indian tribes to the child's mental health information.<sup>10</sup></p> <p>Mandates elsewhere in the Code requiring and/or permitting caregivers and CASAs to have access to or to be provided a broad range of information about a child for whom they are providing care<sup>11</sup> appear to allow them access to information</p>	<p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician's Statement—Attachment</i> (form JV-220(A)).</p>

<sup>8</sup> Senate Judiciary Committee, Bill Analyses, pp. 5-6,

<sup>9</sup> Id.

<sup>10</sup> Under the current and proposed rule, counsel for the child is provided with the complete application for administration of psychotropic medication. This appears consistent with existing law under which child's counsel, for the sole purpose of fulfilling his or her obligation to provide legal representation of the child, is provided access to all records with regard to the child, Welf. & Inst. Code §317 (f)

<sup>11</sup> CASAs are given access to a broad range of information, including mental health information, about a child for whom they have been appointed:

[U]pon presentation of the order of his or her appointment by the CASA, and upon specific court order and consistent with the rules of evidence, any agency, hospital, school, organization, division or department of the state, physician and surgeon, nurse, other health care provider, psychologist, psychiatrist, police department, or mental health clinic shall permit the CASA to inspect and copy any records relating to the child involved in the case of appointment without the consent of the child or parents, Welf. & Inst. Code §107

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	<p>that otherwise is foreclosed by health care confidentiality laws.<sup>12</sup></p> <p>CASAs are given access to a broad range of information, including mental health information, about a child for whom they have been appointed:</p> <p style="padding-left: 40px;">[U]pon presentation of the order of his or her appointment by the CASA, and upon specific court order and consistent with the rules of evidence, any agency, hospital, school, organization, division or department of the state, physician and surgeon, nurse, other health care provider, psychologist, psychiatrist, police department, or mental health clinic shall permit the CASA to inspect and copy any records relating to the child involved in the case of appointment without the consent of the child or parents, Welf. &amp; Inst. Code §107</p> <p>Similarly, foster parents, relatives, and other caregivers must be provided with information about the health and education of a child placed in their home.<sup>13</sup> Authorization for the release of</p>	<p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p>

<sup>12</sup> Whether or not these laws override all laws protecting a child’s health care information from disclosure may need further analyses.

<sup>13</sup> 42 U.S.C. §675 (5)(D) requiring

a child’s health and education record (as described in paragraph (1)(A)) is reviewed and updated, and a copy of the record is supplied to the foster parent or foster care provider with whom the child is placed, at the time of each placement of the child in foster care...

Welf. & Inst. Code 16010 (c)

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	<p>this information to caregivers is explained in California Dep’t of Social Services All County Information Notice I-05-14 (January 15, 2014). Under the subheading “Information Sharing by Social Worker, Probation Officers and Tribal Social Workers” the ACIN advises</p> <p style="text-align: center;">Information regarding the child’s educational, medical, dental and mental health history and current needs must be shared so that the caregiver can appropriately care for the child and fulfill his or her obligation to cooperate with the child’s case plan.<sup>14</sup></p> <p style="text-align: center;">Attachment A to the ACIN lists “specific information and documents that must be provided to the caregiver pursuant to federal and state law...”<sup>15</sup></p>	

(c) As soon as possible, but not later than 30 days after initial placement of a child into foster care, the child protective agency shall provide the caregiver with the child’s current health and education summary as described in subdivision (a). For each subsequent placement of a child or nonminor dependent, the child protective agency shall provide the caregiver with a current summary as described in subdivision (a) within 48 hours of the placement.

<sup>14</sup> CDSS, *ACIN I-05-14*, p. 2.

<sup>15</sup> The ACIN also includes a brief section and Attachment on “Limitations on Sharing Information.”<sup>15</sup> The records not to be shared with the caregiver include “child welfare petitions and court reports, substance abuse treatment records, and certain medical records.” Attachment B indicates that medical or mental health treatment records where the minor has a right to consent to the care cannot be shared absent a court order or consent from the affected individual. Specifically,

If the minor consents to mental health services or could have consented to such services under Family Code 6924 or Health & Safety Code 124260, information may be shared only with the signed authorization of the minor or court order.

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Caregiver Definition. Neither the current nor proposed rule defines ‘caregiver.’ The definition of ‘caregiver’ is not included within the general definitions set forth in Rule 5.502. Since ‘caregivers’ are entitled to notice of the application for psychotropic medication, supporting documents, and the court’s order, as well as the opportunity to provide input on the application and at progress reviews, we recommend the Rule be amended to include a definition of ‘caregiver.’</p> <p>The list of ‘caregivers’ should include at least the child’s foster parent, relative caregiver, pre-adoptive parent, and nonrelative extended family member.<sup>16</sup> The Rule also should include ‘resource family’ as a ‘caregiver.’<sup>17</sup></p> <p>The Prescribing Physician’s Statement, especially as revised by the proposed Rule, includes mental health records or information subject to the protections of SB 1407. For example, Sections 9 &amp; 10 of the new form, require the physician to provide an assessment of the child’s overall mental health and to describe the child’s symptoms and treatment plan. The mental health records subject to the prohibition on disclosure by SB 1407 include “patient records or discrete portions thereof, specifically related to evaluation or treatment of a mental disorder.”<sup>18</sup></p> <p>SB 238 did not amend any of the sections of the Code</p>	<p>Most commentators thought a definition of caregiver was not necessary. The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.</p> <p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p> <p>The committee no longer proposes providing parents or</p>

<sup>16</sup> Welf. & Inst. Code §293 (6), Rule 5.708 (b)

<sup>17</sup> Welf. & Inst. Code §16519.5

<sup>18</sup> Health & Safety Code §123105 (b). Subsection (d) defines ‘patient records’ as “records in any form or medium maintained by, or in the custody or control of, a health care provider relating to health history, diagnosis, or condition of a patient, or relating to treatment provided or proposed to be provided to the patient.”

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>restricting parents’ access to mental health information about a child removed from their physical custody as a result of a dependency proceeding. Indeed, the revisions in the rules of court and forms are specifically addressed at ensuring that “the child and his or her caregiver and court-appointed special advocate, if any, have an opportunity to provide input on the medications being prescribed.” There is no mention of the parent in this section. Other provisions of SB 238 address information to be provided to the court and again fail to mention the child’s parents. See, Welf. &amp; Inst. Code 369.5 (a)(2)(B) (ii) and (iii) as amended by SB 238:</p> <p style="padding-left: 40px;">(ii) Information regarding the child’s overall mental health assessment and treatment plan is provided to the court.</p> <p style="padding-left: 40px;">(iii) Information regarding the rationale for the proposed medication, provided in the context of past and current treatment efforts, is provided to the court... (emphasis added)</p> <p>The absence of any reference to or requirement that parents are provided with additional information is significant. It supports withholding mental health information from parents who lose physical custody of a child in the course of a dependency proceeding.</p>	<p>caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p> <p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Expanding Information Provided to Caregivers &amp; CASAs.<sup>19</sup> SB 1407 applied solely to parents’ access to the mental health records of a child</p> <p>Almost 6000 foster children and youth are in group placements.<sup>20</sup> More than fifty percent of those children are on one or more medications.<sup>21</sup> For children and youth placed in congregate care facilities, the rule does not specify who at the facility should be provided with the required notices and other documents – e.g. the court order granting or denying authorization. Is it the facility administrator, manager, medical director/staff, direct care staff – all of the above? The Council may want to consult with the Community Care Licensing Division of the California Department of Social Services for help in determining whom among these many persons at the facility should be served with notice.<sup>22</sup></p> <p>Indian Child’s Tribe. The Rule does not specify who within the tribe should receive copies of the Application and other documents. We recommend that the Rule follow Welf. &amp; Inst.</p>	<p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p> <p>The committee did consult with Community Care Licensing and has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.</p> <p>The committee has amended the rule to indicate that notice to the tribe shall be to the tribal chairperson or designee, as in Welf. &amp; Inst. Code §224.2 (a)(2).</p>

<sup>19</sup> The proposed rule would also grant access to an Indian tribe even before they have moved to intervene in the proceedings. Unlike with CASAs and caregivers, there are no provisions in the Code that appear to support this change in the rule. We are not aware of any provision in the Indian Child Welfare Act (ICWA) that supports this either but suggest a careful analyses of ICWA should be undertaken.

<sup>20</sup> *Children in Foster Care –All Types - Child Welfare & Probation, Point-in-Time (July 2015)* at Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 12/7/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

<sup>21</sup> *Id.*, *Children Authorized for Psychotropic Medications, Child Welfare (April 1, 2015-June 30, 2015)*. This table indicates that for 2048 (55%) of the 3698 children placed in a group facility a court had authorized one or more psychotropic medications. Data for probation youth is not yet published.

<sup>22</sup> *See*, California Dep’t of Social Services, Community Care Licensing Division, *Resource Guide: Medication in Group Homes* (December 31, 2015).

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO)

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Code §224.2 (a)(2) – “Notice to the tribe shall be to the tribal chairperson...”<sup>23</sup> The Council may want to consult with some tribes about tribal policies, practices, and restrictions on the sharing of the confidential health care information contained in the documents.</p> <p>Progress Review. The proposed Rule 5.640 (g)(2) requires that the social worker or probation office must file a completed JV-224 prior to a progress review. The rule does not mention that the child, the child’s caregiver, and/or CASA may also file their own statement, using the JV-218 or JV-219, or otherwise provide input at the progress review.</p> <p>The statute requires “the child and his or her caregiver and court-appointed special advocate, if any, have an opportunity to provide input on the medications being prescribed.” The opportunities for input should occur both before the medication is authorized and at any time after the child begins to take the medication.</p> <p>We suggest amending the proposed Rule to add that at any time, and especially before or at the time of each progress review, “The child, caregiver, parents, and Court-Appointed Special Advocate, if any, may provide input on the medications authorized for the child. Input can be by Child’s Statement Regarding Psychotropic Medications, and JV-219, Statement Regarding Psychotropic Medication; letter, or talking to the court or through the attorney of record.</p>	<p>No response required.</p> <p>No response required.</p> <p>The committee intended for the child and his or her caregiver and court-appointed special advocate (CASA), if any, to have an opportunity to provide input on the medications being prescribed, and at any progress review of the prescribed medication. The committee recommends that the council revise the rule to make the ability to provide ongoing input more clear, and to provide notice of progress reviews which will include blank copies of the proposed new <i>Child’s Statement About Psychotropic Medication</i> (form JV-</p>

<sup>23</sup> See, also, Rule 5.481(b)(4).

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Petitioner. The statute is silent as to who may file an application for psychotropic medication. The current and proposed Rules provide that the Application “may be completed by the prescribing physician, medical office staff, child welfare services staff, probation officer or the child’s caregiver,” Rule 5.640 ... and Proposed Rule 5.640 (c)(6).</p> <p>In practice, we believe that the caseworker or probation officer files most applications. We suggest that the Rule and related form be amended to designate the caseworker or probation officer as the persons authorized to petition the court for authorization of psychotropic medications. Vesting this responsibility with the agency responsible for the child’s care and placement is appropriate.</p> <p>In addition, the proposed Rule 5.640 (c)(5), (8) requires that a new form, JV-220B, the Social Worker or Probation Officer’s Statement, must be attached to any application to authorize psychotropic medication. We suggest that this form be eliminated and some of the information provided in the JV-220B simply be incorporated into a revised, expanded Application. Much of the information included on the JV-220B is duplicative of information that must be provided by the prescribing physician – e.g., Compare Sections 7 and 8 of the JV-220B with Sections 12 and 13 of the JV-220A and Section 9 of the JV-220B with Section 17 of the JV-220A.</p> <p>Procedure When Request is Missing Information. The proposed Rule 5.640 (c) subsection 14 would allow the court to</p>	<p>218) or <i>Statement About Psychotropic Medication</i> (form JV-219).</p> <p>No response required.</p> <p>This is a comment that is likely to have varying opinions and would need to circulate for public comment. The committee will discuss this comment when the rule is again circulated for public comment.</p> <p>The committee circulated a proposed form, <i>Social Worker and Probation Officer’s Attachment</i> (form JV-220(B)), that would have been submitted with the JV-220. To address several commentators concerns that requiring additional forms may result in delay if those forms are not completed, the committee no longer proposes this additional form. The committee has moved necessary questions from that proposed form into <i>Application for Psychotropic Medication</i> (form JV-220).</p>



**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>temporarily grant authorization of one or several psychotropic medications despite the application lacking all required information. This proposal is not consistent with the statutory language. The statute requires</p> <p style="padding-left: 40px;">Guidance is provided to the court on how to evaluate the request for authorization, including how to proceed if information, otherwise required to be included in a request for authorization under this section, is not included in a request for authorization submitted to the court.</p> <p>We recommend that this provision state clearly and unequivocally that when the required information is not provided the application must be denied subject to the emergency provisions in the existing rule. The revised rule might distinguish between a request for a new medication(s) and a renewal. In the latter situation, a fourteen-day extension of the court’s previous authorization might be justified. This would avoid abruptly cutting off medications the child has been taking and the adverse impact of that unplanned withdrawal from the medication.</p> <p>The proposed rule does not specify which information the petitioner may omit among all that is required and still permit the court to temporarily authorize the medication. As written, the proposed rule provides the courts with no guidance for determining the types of information that are critical to approval of the application. For example, can an application be granted without a JV-220A? Can an application be granted despite the prescribing physician’s failure to provide an</p>	<p>Based on this comment and concerns from other commentators, the committee has removed the option to set temporary hearings from the rule. The committee has amended the rule to mandate that if the application is missing information, the court must order the applicant to provide the missing information and set a hearing on the application.</p> <p>SB 238 was a comprehensive bill and added to the mandated judicial training, training that addresses the authorization, uses, risks, benefits, assistance with self-administration, oversight and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments. , including how to access those treatments. Welf. &amp; Inst. Code §§304.7(a)(3), 16501.4(d). The committee concluded</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>assessment of the child’s overall mental health, Section 9, or the maximum dosages requested of each medication? As written the proposed rule would result in courts applying widely differing standards for the types of information that can be omitted from the application.</p> <p>Note: The proposed rule would give the court the option to “order the department to provide the required information.” ‘Department’ is neither referred to nor defined anywhere else in the current or proposed rule. ‘Department’ also is not defined in the general juvenile court rules, Rule 5.502.</p> <p>Child’s Continuing Right to Refuse Medication. The rule and forms convey a message that the child’s opportunity to refuse to accept the medication is a one-time event and that thereafter the child is required to comply with the doctor’s “orders.” It should be clear that while the court authorizes the prescribing of psychotropic medication, the child has a right at any point to refuse the medication. Child welfare agencies acknowledge the limits of the court’s “authorization.” See, e.g. Los Angeles Dep’t of Children and Families, Child Welfare Policy Manual, Psychotropic Medication: Authorization, Review, and Monitoring for DCFS Supervised Youth (Rev. 7/1/2014) (“A child’s objection to, or non-compliance with, the approved psychotropic medication is a treatment issue to be resolved by the physician prescribing the medication. A child cannot be forced to take psychotropic medication unless they are subject to an involuntary hospitalization or have a court-appointed conservator.”)<sup>24</sup> See, also, California Department of Social</p>	<p>that this comment could best be addressed as curriculum is developed to meet the training mandate.</p> <p>The committee concluded that “department” is used throughout the juvenile court rules and does not need a definition.</p> <p>The committee concluded that the child’s right to refuse medication is beyond the Council’s rule making authority. SB 238 was a comprehensive bill and mandates the Department of Social services to develop a training program for many foster care stakeholders. Welf. &amp; Inst. Code §16501.4(d). A child’s right to refuse medication should be a part of this training.</p>

<sup>24</sup> Available at [http://policy.dcfslacounty.gov/default.htm#Psychotropic\\_Meds.htm#Policy9](http://policy.dcfslacounty.gov/default.htm#Psychotropic_Meds.htm#Policy9)

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO)

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Services, Community Care Licensing Division, Advocacy and Technical Support Resource Guide: Medications in Group Homes<sup>25</sup> (January 1, 2016)(Includes “No resident can be forced to take [psychotropic] medication.”) Additional Comments</p> <p>Opportunity to Provide Input</p> <ol style="list-style-type: none"> <li>Amend Rule 5.640(c) to require that a copy of the Prescribing Physician’s Statement – Form JV-220A – is provided to the parents, caregivers, CASA, and the Indian child’s tribe.</li> </ol> <p>Support. In addition to the reasons stated for the change, we note that the foster parent, relative or other caregiver with whom the child is living, needs the information that is provided on the JV-220A – e.g., dosage, possible side effects of the medication - in order to ensure the child’s health and safety. Providing the caregiver a copy of the Physician’s Statement also is consistent with federal and state law requiring that a foster parent, relative or other caregiver is provided with information about a child’s health care. See, e.g., 42 U.S.C. §675 (5)(D) and Cal. Welf. &amp; Inst. Code §16010.</p>	<p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)). After consultation with the stakeholders, as mandated in SB 238, however, the committee recommends moving several items to the last two pages of form JV-220(A) and amending rule 5.640 to specify that the last two pages of the form and the medication information sheets (medication monographs) that the physician attached to form JV-220(A) must be provided to the caregiver with the copy of the court order. The moved items include whether the caregiver was informed of the request and what the possible adverse reactions could be; therapeutic services other than medication, in which the child is enrolled in or is recommended to participate in; and information regarding the medication treatment plan and follow up. Moving these items to the last two pages and</p>

<sup>25</sup> Available at <http://cclid.ca.gov/res/pdf/GroupHomesMedication.pdf>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Note: The proposed Rule 5.640 (c)(2) refers to the Child’s Statement Regarding Psychotropic Medications, as form JV-217 and the Statement Regarding Psychotropic Medication as form JV-218. The references to forms should be corrected to ‘Form JV-218’ and ‘Form JV-219.’</p> <p>2. Amend Rule 5.640 (c) to allow several ways in which the child, caregiver, CASA, parents, and Indian child’s tribe can provide input to the court.</p> <p>Support with modification. We agree that there should be several ways in which children, foster parents, and others may provide input to the court, including appearing in court and talking with the judge, especially for older children and teens. However, we do not believe that the social worker or probation officer, who are petitioning for the authorization of psychotropic medication, should speak for the child. Welf. &amp; Inst. Code §317 (e)(2) provides</p> <p style="padding-left: 40px;">If the child is four years of age or older, counsel shall interview the child to determine the child’s wishes and assess the child’s well-being, and shall advise the court of the child’s wishes.</p> <p>Consequently, if the child does not wish to address the</p>	<p>mandating that they be given with the order will ensure that the caregiver has the necessary information to monitor the medication and to know what services, other than medication, the child should participate in.</p> <p>The proposed rule as circulated for comment contained the correct form numbers for both forms.</p> <p>The committee concluded that the information should be provided in the way that is easiest and most comfortable for the child. Allowing the child to provide input through the social worker does not remove the child’s attorney’s duties under section 317</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>court himself, the obligation to convey the child’s input related to the application for medication rests with the child’s attorney,</p> <p>The Rule also should reference and/or incorporate Welf. &amp; Inst. Code §349. Under that provision a child is entitled to be present during a hearing conducted by the juvenile court and to address the court and participate in the hearing. If the subject of the authorization for medication is ten years of age or older the court should inquire into whether the child was properly notified.</p> <p>For consistency, proposed Rule 5.640 (c) (9) (B) (iv) should be amended to read ‘A blank copy of Child’s Statement Regarding Psychotropic Medication...’</p> <p>Periodic Oversight</p> <ol style="list-style-type: none"> <li>1. Amend Rule 5.640 (f) and add new form JV-224, Report Regarding Psychotropic Medication – County Staff.</li> </ol> <p>The proposed rule 5.640 (g) requires a “progress review” of the psychotropic medication(s) at every status review hearing.</p>	<p>The committee has amended the rule to cross reference Welf. &amp; Inst. Code §349.</p> <p>No response required.</p>
Orange County Bar Association by Todd G. Friedland, President Newport Beach, CA	Rule 5.640 Psychotropic Medication: Under (9) (B), providing notice to caregiver appears to be missing item (vi).	The committee has amended the rule to indicate that the caregiver should be provided a blank copy of the caregiver form, form JV-219.
Orange County Social Services	Comments on Rule 5.640 Psychotropic Medication	The committee has amended the rule to indicate that the

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
Agency/Children and Family Services by Maritza Partida, Policy Analyst Orange, CA	<ul style="list-style-type: none"> <li>Under (9) (B), providing notice to caregiver appears to be missing item (vi):</li> </ul> <p>A blank copy of Statement Regarding Psychotropic Medication (form JV-219) or information on how to obtain a copy of the form.</p>	caregiver should be provided a blank copy of the caregiver form, form JV-219.
State Bar of California, Executive Committee of the Family Law Section by Saul Bercovitch, Legislative Counsel San Francisco, CA	<ol style="list-style-type: none"> <li>The proposed addition of subdivision (c)(14) to the Rule of Court allows a court to temporarily authorize the administration of psychotropic medications in the event required information is missing from the application packet. FLEXCOM supports the principle of courts having such flexibility, as it balances the child’s health and welfare with the desire for the court to have a strong oversight role. However, FLEXCOM believes the rule would be improved if limited in two ways.               <ol style="list-style-type: none"> <li>The court should be allowed to temporarily authorize only those medications that are of a continuing nature. The prescribing physician is currently required to designate whether the medication is new or continuing. If the medication is continuing, the court should already have sufficient information to determine whether a short-term approval is warranted. Further, taking the child off the medication, only to re-start the administration at a later point in time, could cause the child to suffer harmful physical effects. If the medication sought for authorization is new, there should be very little, if any, harm in waiting a short time to seek out the additional information required</li> </ol> </li> </ol>	<p>No response required.</p> <p>Based on concerns from other commentators, the committee has removed the option to set temporary hearings from the rule. The committee has amended the rule to mandate that if the application is missing information, the court must order the applicant to provide the missing information and set a hearing on the application.</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>by the forms. And, existing law allows for administration of medication in emergency situations.</p> <p>Under this proposal, if all the required information is not included in the request for authorization, the court can temporarily grant the application for authorization for a period not to exceed 14 calendar days or deny the application, and order the department to provide the required information. FLEXCOM believes the length of time for which a medication can be temporarily authorized should be less than 14 days. A court should only be in a position to grant a temporary authorization when a plethora of information is provided in the request for authorization. Therefore, the information missing would most likely be minimally material to ruling on the merits of the application. FLEXCOM does not believe it should take two weeks to gather that information and have it presented to the court, and recommends that the length of time for which medication can be temporarily authorized be no more than 10 days.</p> <p>2. The Invitation for Comment asked for specific input as to whether Rule of Court 5.502 governing definitions for Title V should include a definition for the term “caregiver.” FLEXCOM was unable to complete an exhaustive review of Title V to determine whether a uniform definition of the term should apply for all purposes. However, we believe Rule 5.640 would be strengthened by such a definition. We propose that Rule 5.640 include the following</p>	<p>Based on concerns from other commentators, the committee has removed the option to set temporary hearings from the rule. The committee has amended the rule to mandate that if the application is missing information, the court must order the applicant to provide the missing information and set a hearing on the application.</p> <p>Many commentators thought a definition of caregiver was not necessary. The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.</p>

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<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>language:</p> <p style="padding-left: 40px;">“For purposes of this rule, the term “caregiver” shall be defined as a relative, non-related extended family member or foster parent.”</p> <p>FLEXCOM feels this language strikes an appropriate balance between allowing the child to receive valuable support from the caregiver and the need to protect privacy. The individual relationship of a child is much more likely to be present with the aforementioned caregivers, as opposed to a group home provider or other facility. Further, in a group home setting, the child’s information is more susceptible to inadvertent disclosure among numerous staff and other residents.</p> <p>3. The proposed modifications to Rule 5.640(d) require the court to set a progress review following a hearing on the application to authorize medication. FLEXCOM supports this strengthening of the court’s oversight role. However, the Rule does not explicitly authorize a court to set a progress review following the grant of an application ex parte. The vast majority of applications for medication are ruled upon ex parte. The Rule should be further modified to explicitly require trial courts to set a progress review upon approving any application, regardless of whether the grant is made at a hearing.</p> <p>5. FLEXCOM believes requiring a method for notification and service of the form to minors would strengthen Rule 5.640. We recommend including a directive that the social worker notify all minors 12 or older of the form and assist</p>	<p>The committee has amended the rule to clarify that progress reviews must be set whether the application was granted ex parte or at a hearing.</p> <p>The committee amended the rule to require that notice of a progress review include blank copies of <i>Child’s Statement About Psychotropic Medication</i> (form JV-218), <i>Statement About Psychotropic Medication</i> (form</p>



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<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	any interested minors in accessing the form. FLEXCOM believes imposing this requirement at age 12 is appropriate due to its consistency with other aspects of the Welfare and Institutions Code and Rules of Court that trigger involvement of the child, including development of the case plan.	JV-219), and <i>Opposition to or Statement About Application for Psychotropic Medication</i> (form JV-222), as appropriate, mirroring the requirements for notice of the authorization request.
Superior Court of San Diego County by Mike Roddy, Executive Officer San Diego, CA	Rule 5.640(c)(2) “talking to the court” could be misconstrued and lead to improper attempts at ex parte communications. It may be better to have the form say: “statements made at a court hearing”?	The committee has amended the rule to indicate that input from the child may be by “talking to the judge at a court hearing.”
Youth Law Center by Cat McCulloch, Legal Fellow San Francisco, CA	Rule 5.640 – Psychotropic medications  Rule 5.640 (c) subsection (2) The proposed Rule 5.640 (c) subsection (2) would allow a child to provide information to the court through JV-218, JV-219, a letter, talking to the court, or through several different individuals: the social worker, probation officer, attorney of record, or Court Appointed Special Advocate. This proposal needs additional information to ensure that the youth has made an informed voluntary decision as to how the youth has chosen to provide information to the court.  In order for this rule to fully and clearly conform to the law we suggest the following amendments:  We recommend that Rule 5.640 (c) subsection (2) be amended to provide that when a youth has chosen to give input through the child’s social worker, probation officer, or Court Appointed Special Advocate the youth’s counsel must attest that he or she	No response required.          The committee concluded that the information should be provided in the way that is easiest and most comfortable for the child. Allowing the child to provide input through the social worker does not remove the child’s

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>has explained to the youth the different options available for providing input, discussed with the youth the information the youth wants to report to the court, and the youth has chosen to relay information to the court through the designated person.</p> <p>Furthermore, an additional technical edit to the rule may be necessary to clarify its meaning. A plain reading of the rule reads that the child, social worker, probation officer, or Court Appointed Special Advocate could provide input through the JV-218, JV-219, talking to the court, a letter or through the social worker, probation officer, or Court Appointed Special Advocate. The rule should be re-written to state that the youth is able to provide input through the JV-218, a letter, talking to the court, a court report, or social worker, probation officer, or Court Appointed Special Advocate.</p> <p>Rule 5.640 (c) subsection 14                      The proposed Rule 5.640 (c) subsection 14 would allow the court to temporarily grant authorization of one or several psychotropic medications despite the application lacking all required information. This proposal is not consistent with the statutory language. The statute requires: “Guidance is provided to the court on how to evaluate the request for authorization, including how to proceed if information, otherwise required to be included in a request for authorization under this section, is not included in a request for authorization submitted to the court.” (WIC 395.5(a)(2)(B)(iv); and WIC 739.5(a)(2)(B)(iv)). Additional instruction is necessary to comply with the statute.</p> <p>In order for this rule to fully and clearly conform to the law we suggest the following amendments:</p>	<p>attorney’s duties under section 317. Additionally, SB 238 was a comprehensive bill that mandates attorney training.</p> <p>The proposed rule was that a child, caregiver, parents and CASA could provide input through the various methods indicated in the rule. The rule requires the social worker or probation to complete mandatory forms to provide information to the court.</p> <p>No response required.</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>We recommend that Rule 5.640 (c) subsection 14 state clearly and unequivocally that when the required information is not provided the application must be denied subject to the emergency provisions in the existing rule. Absent an emergency, applications should be denied unless: the court has reviewed and considered the mandatory JV 220 form and attachments and that such forms contain all of the information required under Rule 5.640 (c)(7); and the court has reviewed and considered the optional JV 218 and JV 219 forms if the optional forms are included in the application. If an application is incomplete, the court may continue the matter for up to 14 days to obtain any missing information required by the rule.</p> <p>Rule 5.640 (g)(2)                      The proposed Rule 5.640 (g)(2) requires that the social worker or probation officer must file a completed JV-224 prior to a progress review. The rule does not mention that the child, the child’s caregiver, and/or CASA may also file their own statement, using the JV-218 or JV-219, or otherwise provide input at the progress review. The statute requires “the child and his or her caregiver and court-appointed special advocate, if any, have an opportunity to provide input on the medications being prescribed.” (WIC 395.5(a)(2)(B)(i); and WIC 739.5(a)(2)(B)(i)). Without this clarification, the rule may be interpreted to prohibit the use of the JV-218 or JV-219 form prior to a progress review.</p> <p>In order for this rule to fully and clearly conform to the law we suggest the following amendments:</p> <p>The opportunities for input should occur both before the medication is authorized and at any time after the child begins</p>	<p>Based on concerns from other commentators, the committee has removed the option to set temporary hearings from the rule. The committee has amended the rule to mandate that if the application is missing information, the court must order the applicant to provide the missing information and set a hearing on the application.</p> <p>No response required.</p> <p>The committee intended for the child and his or her caregiver and court-appointed special advocate (CASA),</p>

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<b>Rule 5.640—Psychotropic Medications</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	to take the medication. We suggest amending the proposed Rule 5.640 (g)(2) to add that at any time, and especially before or at the time of each progress review, “The child, caregiver, parents, and Court-Appointed Special Advocate, if any, may provide input on the medications authorized for the child.”	if any, to have an opportunity to provide input on the medications being prescribed, and at any progress review of the prescribed medication. The committee recommends that the council revise the rule to make the ability to provide ongoing input more clear, and to provide notice of progress reviews which will include blank copies of the proposed new <i>Child’s Statement About Psychotropic Medication</i> (form JV-218) or <i>Statement About Psychotropic Medication</i> (form JV-219).

<b>Information About Psychotropic Medication Forms (form JV-217-INFO)</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
National Center for Youth Law Jackie Thu-Houng Wong Director of Government Relations	Instructions. The JV-217 INFO explains the purpose(s) of many of the forms but omits a description of the proposed JV-218, Child’s Statement Regarding Psychotropic Medications, and JV-219, Statement Regarding Psychotropic Medication. The JV-217 INFO should be amended to include a section describing these forms and indicating that they can be used by the child, caregiver, and others (1) “to tell the court how you feel about the request for the court to order medication ...” <u>and</u> (2) to tell the court whether the medications are helping to improve the child’s symptoms. <sup>26</sup> Both the second page of the JV-218 and pages three through five of the JV-219 indicate that the forms are intended to be used to tell the court about the impact of the medication on the child’s symptoms, health, behavior and well-being. This new section of the JV-217 also should indicate that the JV-218 and JV-219 should be filed	The committee has revised form JV-217-INFO to include information about the new JV-218 and JV-219 forms.

<sup>26</sup> Although these forms are “optional,” guidance on their use should be included.

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<b>Information About Psychotropic Medication Forms (form JV-217-INFO)</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	within four court days of notice of an application, prior to any status review hearing, or at any time after the medication(s) are authorized. <u>See</u> proposed Rule 5.640(c)(11) and (12).	
Superior Court of San Diego County by Mike Roddy, Executive Officer San Diego, CA	JV-217-INFO, general instructions, item 3: Need a space before the last sentence.  JV-217-INFO, JV-220(B): There is a word missing. “what the child and caregiver report about the ? taking the medication”	The committee has revised the form to correct typographical errors.

<b>Child’s Statement About Psychotropic Medication (form JV-218)</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
California Academy of Child & Adolescent Psychiatry and California Behavioral Health Directors Association by Robert P. Holloway, MD, President, Cal-ACAP and Kristen Barlow, CBHDA Executive Director	COMMENTS: The newly added forms will require a great deal of coordination between numerous parties to ensure that they will be filled out and filed appropriately and in a timely manner. A lack of consistency and coordination is bound to create more confusion and delays in children and adolescents getting their needed treatment. How can we ensure the level of coordination needed to provide forms to the appropriate entities in a timely manner?  We would further note that the lack of guidance on filling out any forms electronically may also create additional confusion and delays.  COMMENTS: Form JV-218 in an ideal situation should be completed (help the youth complete) by the same person who is completing form JV-220 (A). Two very important things should be taken into account: the level of training and the	SB 238 was a comprehensive bill that mandated training for caregivers, judicial officers, and juvenile court professionals. The new process and court forms should be a part of that training.  Physicians, social workers, and probation officers can all be trained that these forms are fillable and can be typed on a computer.  The committee concluded that the form filled out by the child should be done independently of the prescribing physician to provide a more balanced view to the court.

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<i>Child's Statement About Psychotropic Medication (form JV-218)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>rapport with the youth. If these factors are not the same, this form could create more confusion and less beneficial outcomes. Per the proposal these two forms will be completed by different individuals.</p> <p>We would point out that having some of these forms as “optional” will make it difficult to conduct a statewide evaluation of these new requirements when there is so much potential variation among counties as it relates to the use of the revised and optional forms.</p> <p>On the JV-218, Question 6a) should have lines (the same number as in the disagree section) so the minor can state reasons why they agree with taking the medication. The form currently only provides these lines for why they disagree.</p> <p>We would recommend that the JV-218 should state “child or teen (or youth)” where appropriate as opposed to just “child” to be more representative of the population we work with. This may apply to other newly proposed and updated forms.</p> <p>COMMENTS: We would request clarification of who would be responsible for sending in those forms and how that process would be coordinated with the additional forms required by the court.</p>	<p>The committee concluded that the child and caregiver should be able to provide input in whatever way is easiest for them and therefor does not want to mandate the use of the forms.</p> <p>The committee has revised the form to include lines so the child can state reasons why they agree with taking the medication.</p> <p>Child is defined in rule 5.502 as a person under the age of 18 years.</p> <p>Under rule 5.640(c)(3), local county practice and local rule of court determine the procedures for completing and filing the forms and for the provision of notice.</p>
<p>County of San Diego by Laura Vleugels, MD, Supervising Child and Adolescent Psychiatrist San Diego, CA</p>	<p>What if a child completes the JV 218 and disagrees with the plan to take medication despite having been agreeable during the appointment? How will a child indicating that they disagree or need to know more impact the approval of the JV 220? This may lead to delays in care.</p>	<p>The committee is aware that children often change their minds. If a child disagrees or needs to know more, they will discuss this with their attorney and the court. The committee concluded that a slight delay in care is outweighed by ensuring that the child is knowledgeable about the medication being prescribed and willingly</p>

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<i>Child’s Statement About Psychotropic Medication (form JV-218)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
		agrees to it.
County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	The Optional JV-218: We support the addition of this form which will allow the child to submit a statement to the court about his/her feelings and effects with respect to the order for psychotropic medications. Please note there is an error on this form, if additional space is needed, the child is directed to label the additional paper, and it should be labelled “JV-218” rather than “JV-217.” And why restrict the additional sheet to question #9? What if the youth wishes to explain any other items? We recommend moving this statement to the bottom of the form in case the child needs additional space to answer any of the questions on this form.	Consistent with other comments received, all the forms in this proposal would be revised to indicate in the instructions that if more space is needed for any of the items, to write the item number and additional information on the last page of the form, and, if more space is needed than the last page, to attach a sheet or sheets of paper
East Bay Children’s Law Offices By Roger Chan, Executive Director Oakland, CA	Form JV-218  In the introductory sentence, change to “This form is for you to tell the <del>court</del> <u>judge</u> how you feel about the <del>request for the court to order</del> <u>medication prescribed for you</u> . If you are helping the child to make a statement to the court, read this form to the child.”  Please provide more space to respond to Question 4(a) “I was told ...” and Question 5(a) “I was told ...” There appears to be available space on the page and more space will encourage fuller answers and account for the possibility that some youth will complete the form by hand.  The form should allow the child to sign in addition to any person who helped the child fill out the form.	The committee will amend this form to improve readability after it has been reviewed by a plain language expert.  The committee has revised the form to include more space to answer these questions. Additionally, consistent with other comments received, all the forms will be revised to indicate in the instructions that if more space is needed for any of the items, to write the item number and additional information on the last page of the form, and, if more space is needed than the last page, to attach a sheet or sheets of paper.  The form contains signature lines for both the child and the person assisting the child complete the form.

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<i>Child's Statement About Psychotropic Medication (form JV-218)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
Keather Kehoe, MD Child and Adolescent Psychiatrist Sacramento, CA	I would also like to make comment on the JV-118 form, the Child's Statement regarding proposed psychiatric medication. The form is developmentally inappropriate for many children, especially younger children. This form could easily overwhelm a child who may already be dealing with anxiety and mood symptoms. I would suggest each person thinks about medication they may be taking for one reason or another; how would you fare with having to fill out such a form? Physicians may have full and lengthy conversations with their patients about a given medication and side effects, risks, benefits, alternatives, etc. I know I certainly have those conversations with all the patients I see, regardless of their legal status. Yet, there are many (adults included) who cannot tell you what medications they are taking, much less all the proposed benefits and side effects. Yet the legislature would request a young child to be able to provide such information?	The committee concluded that most children can be told about the psychotropic medication and its anticipated benefits and side effects in an age appropriate manner.
Hon. Michael Nash (Ret.) Judge Superior Court of Los Angeles County	I have some comments about the forms, starting with JV-218. While this form is not mandatory, its use should be encouraged.  If the child is going to be fully involved and ultimately prepared to handle his/her own decisions, the court should know if the child is aware of the names of the meds and the doses. Further, if a child is approaching the age of majority, the court should know if the child will be able to continue the medication regimen, ie obtain the meds, continue a relationship with the physician. Some of this information can be included on the form.	No response required.  The committee has amended the form so a child aged 17 is asked if they know how to obtain the medication and whether they are able to stay with their current doctor.
National Center for Youth Law	3. Optional Forms for Input. New forms JV-218 and JV-219	No response required.



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<i>Child’s Statement About Psychotropic Medication (form JV-218)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
<p>by Jackie Thu-Houng Wong Director of Government Relations</p>	<p>may be used by the child, caregiver, and CASA as a means of providing their input on the request to authorize psychotropic medication.</p> <p>Support with modification. Neither the statute nor the proposed Rules provide any elaboration of what may be included as “input on medication.” The proposed form delineates two areas – i.e., (1) what, if anything, the child has been told about “how the medication is supposed to help me,” and (2) what, if anything, the child has been “told about potential side effects.” We suggest the form be amended to indicate whether or not the child knows the names of the medication being prescribed, and whether or not the child has taken any of the prescribed medications before. It should also ask the child to report what, if any, other treatments the child is being provided.</p> <p>On the JV-218 Section 3 there is a box for the child to check indicating, “that I am not aware I have been prescribed medication.” The Rule does not address what the court should do if the child checks this box. Similarly, the Rule does not address whether or not the authorization can be approved by the court if the child checks either of the boxes in Section 4 and 5 indicating they have not been told either how the medication is supposed to help or what the potential side effects are. We suggest that the court reject applications for which the child has checked any of these boxes.</p> <p>We recommend that Section 11, listing the persons who may have helped the child complete the form, be amended to include “my attorney.”</p>	<p>The committee has amended the form to include the two questions in this comment.</p> <p>The committee concluded that the judge should have discretion in granting or denying these requests, and stating in the rule when the court must deny the request does not allow for discretion and could cause unnecessary delays. If the child checks the box indicating they have not been told either how the medication is supposed to help or what the potential side effects are, the court has many tools available to ensure the child is provided with this information including talking with the child, or continuing the matter for the child’s attorney to speak with the child.</p> <p>Item 11 is for an adult who helped the child fill out the form to complete, and does include the option of “the child’s attorney”.</p>

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<i>Child’s Statement About Psychotropic Medication (form JV-218)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	JV-218 refers to “potential side effects” while JV-219 asks about “possible adverse reactions.” This terminology should be consistent throughout the forms. We recommend that the term ‘adverse effects’ be used.	The committee has amended the forms to both read “potential side effects” as this is the more plain language options of the two phrases.
Orange County Bar Association by Todd G. Friedland, President Newport Beach, CA	JV forms for Psychotropic Medication JV-218: Typo on item #9, after the box...“Attach a sheet of paper and write ‘JV-217, number 9’ for a title.” It should state JV-218.	Consistent with other comments received, all the forms in this proposal would be revised to indicate in the instructions that if more space is needed for any of the items, to write the item number and additional information on the last page of the form, and, if more space is needed than the last page, to attach a sheet or sheets of paper.
Orange County Social Services Agency/Children and Family Services By Maritza Partida, Policy Analyst Orange, CA	JV-218: Typo on item #9, after the box...“Attach a sheet of paper and write ‘JV-217, number 9’ for a title.” It should state JV-218.	Consistent with other comments received, all the forms in this proposal would be revised to indicate in the instructions that if more space is needed for any of the items, to write the item number and additional information on the last page of the form, and, if more space is needed than the last page, to attach a sheet or sheets of paper.
Public Counsel, Children’s Rights Project Rachel Stein, Staff Attorney	New Form JV-218 will provide another method for the child to provide input to the court  The addition of JV-218 is a positive step toward ensuring that youth are able to communicate their wishes and feelings regarding taking psychotropic medication to the court. NCYL’s response to the Council’s Invitation to Comment notes that the Form JV-218 Section 3 contains a box for the child to check indicating, “that I am not aware I have been prescribed medication.” NCYL points out that the Rule does not address	No response required.  No response required.

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<i>Child's Statement About Psychotropic Medication (form JV-218)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>what the court should do if the child checks this box, nor does it address whether or not the authorization can be approved by the court if the child checks either of the boxes in Section 4 and 5 indicating they have not been told either how the medication is supposed to help or what the potential side effects are.</p> <p>NCYL suggests that the court reject applications for which the child has checked any of these boxes. We disagree with this suggested approach, as it could lead to unnecessary delays in the administration of medication, even in cases where the youth does not object to taking the medication. Many youth, particularly those younger than age 15, may not be able to recall this information for purposes of completing the form, even if the youth's psychiatrist reviewed this information with the youth. Some youth may not read the form carefully, or may not fully understand it, and what boxes they check could be somewhat random. It would not make sense to automatically deny a JV-220 application simply because a youth checked one of these boxes—but it should trigger a hearing to find out about the youth's concerns. In these situations, we propose that the court should hold a hearing to find out if the physician attempted to explain this information to the child and caregiver, and to question the child's attorney about the youth's understanding of the situation. The judge then can make a determination based on all of the evidence as to whether to grant the application.</p>	<p>The committee concluded that the judge should have discretion in granting or denying these requests, and stating in the rule when the court must deny the request does not allow for discretion and could cause unnecessary delays. If the child checks the box indicating they have not been told either how the medication is supposed to help or what the potential side effects are, the court has many tools available to ensure the child is provided with this information including talking with the child, or continuing the matter for the child's attorney to speak with the child.</p>
<p>State Bar of California, Executive Committee of the Family Law Section by Saul Bercovitch, Legislative Counsel</p>	<p>4. The proposal calls for the creation of form JV-218, which would allow a child the opportunity to provide comment to the court. FLEXCOM applauds the recommendation to make minors more active participants in the decisions concerning medication.</p>	<p>No response required.</p>

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<i>Child's Statement About Psychotropic Medication (form JV-218)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
San Francisco, CA		
River Oak Center for Children by Harry Wang, MD, Psychiatric Director Sacramento, CA	<p>a. Should state “child or youth”</p> <p>b. 6a should have lines (the same number as in the disagree section) so the minor can state reasons why they agree with taking the medication. Otherwise the form is biased towards disagreeing with taking the medication.</p> <p>c. 7a should be “I am not having side effects... (skip question 8)”</p> <p>d. 7b should be follow. Is having 10 boxes to check necessary?</p>	<p>Rule 5.502(5) defines child as a person under the age of 18 years.</p> <p>The committee has amended the form to include lines so the minor can state reasons why they agree with taking the medication.</p> <p>The committee concluded that these items should remain in the order in which they circulated for public comment.</p>
Youth Law Center by Cat McCulloch, Legal Fellow San Francisco, CA	<p>Juvenile Delinquency Form JV- 218</p> <p>Section 9 of the Child’s Statement Regarding Psychotropic Medication Form JV-218 asks the child “what else do you want the judge to know?”.</p> <p>In order for this form to fully and clearly conform to the law we suggest the following amendments:</p> <p>We recommend adding an additional question before or after this section: “Is there any other person you would like to be notified of the decision to grant this petition for Psychotropic Medication?” We think this question is necessary because even though the caregiver is provided notice and an opportunity for input because there may be other people who have provided direct care and supervision of the youth and who will continue to provide such care in and supervision in the future who should receive notice and have the opportunity to provide input.</p>	<p>This is a comment that is likely to have varying opinions and would need to circulate for public comment. The committee will discuss this comment when the rule is again circulated for public comment.</p>

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<i>Child's Statement About Psychotropic Medication (form JV-218)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	For instance, if a youth is placed in a foster family home and is subsequently arrested and is residing in juvenile hall the youth's former foster family placement should receive notice and be given the opportunity to provide input.	

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<i>Statement About Psychotropic Medication (form JV-219)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
<p>California Academy of Child &amp; Adolescent Psychiatry by Robert P. Holloway, MD, President, Cal-ACAP and Kristen Barlow, CBHDA Executive Director</p>	<p>COMMENTS: The newly added forms will require a great deal of coordination between numerous parties to ensure that they will be filled out and filed appropriately and in a timely manner. A lack of consistency and coordination is bound to create more confusion and delays in children and adolescents getting their needed treatment. How can we ensure the level of coordination needed to provide forms to the appropriate entities in a timely manner?</p> <p>We would further note that the lack of guidance on filling out any forms electronically may also create additional confusion and delays.</p> <p>We want to be clear that the more cumbersome this process becomes, the more likely medically necessary care is compromised. This is a primary concern to be addressed.</p> <p>With that being said, there is some information that is proposed to be provided, particularly on the JV-219, that may be of value for prescribing physicians working with a child or adolescent. Currently, the proposal does not contemplate this information to be provided to a prescribing physician.</p> <p>COMMENTS: Please see our comments above relative to the newly proposed Form</p>	<p>SB 238 was a comprehensive bill that mandated training for caregivers, judicial officers, and juvenile court professionals. The new process and court forms should be a part of that training.</p> <p>Physicians, social workers, and probation officers can all be trained that these forms are fillable and can be typed on a computer.</p> <p>The committee circulated a proposed form, <i>Social Worker and Probation Officer's Attachment</i> (form JV-220(B)), that would have been submitted with the JV-220. To address several commentators concerns that requiring additional forms may result in delay if those forms are not completed, the committee no longer proposes this additional form. The committee has moved necessary questions from that proposed form into <i>Application for Psychotropic Medication</i> (form JV-220).</p> <p>The committee agrees that physicians should be provided with all the information necessary to make a thorough assessment of the child. Mandating any of that information be provided, however, is not addressed in SB 238 and therefor out of the scope of this proposal.</p> <p>No response required.</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Statement About Psychotropic Medication (form JV-219)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>219. We also note that the use of Form 219 (and the other newly proposed forms) have county workload implications that may be currently underestimated.</p> <p>COMMENTS: We would request clarification of who would be responsible for sending in those forms and how that process would be coordinated with the additional forms required by the court.</p>	<p>Under rule 5.640(c)(3), local county practice and local rule of court determine the procedures for completing and filing the forms and for the provision of notice.</p>
<p>County of San Diego by Laura Vleugels, MD, Supervising Child and Adolescent Psychiatrist San Diego, CA</p>	<p>There is also serious concern that, while gathering feedback from various parties (JV 219 for caregiver, CASA; JV 220 (B) for Social Worker or Probation Officer) can be a source of valuable information, that information needs to be available to the prescriber during the appointment with the child for the prescriber to integrate the feedback into his/her assessment and recommendations. If this feedback is mandated to be available in advance of a medication assessment, it could lead to delays in care.</p> <p>Our Child and Adolescent Psychiatrist community also shares concerns about feedback from vested parties being submitted to the Court (JV 219, JV 220 (B)). The physicians note that the information requested would be helpful to their assessment process but note that these questions ideally are the first steps in a dialog between the prescriber and the informant. A physician would naturally ask a series of follow-up questions to further his/her understanding and would incorporate that new information with their existing conceptualization of the case. Information provided on forms may be helpful, but ideally those vested parties would participate in the medication assessment and follow-up appointments.</p>	<p>The committee agrees that physicians should be provided with all the information necessary to make a thorough assessment of the child. Mandating any of that information be provided, however, is not addressed in SB 238 and therefor out of the scope of this proposal.</p> <p>See response above.</p>

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**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO)

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<i>Statement About Psychotropic Medication (form JV-219)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	Specific feedback from several prescribers:	
County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	<p>The Optional JV-219: We recommend the following changes:</p> <p>Recommend clarifying in the title of the form that this is an Optional Form that may be completed by a caregiver, CASA, or other Indian Tribe.</p> <p>Add “I do not know” options for the questions.</p> <p>Add to the end (or beginning) of the form, a place where the individual can add his/her name, relationship to the child, and a signature and date.</p>	<p>The committee has revised this form to clarify in the instructions that the form is for optional use by a caregiver, CASA, or Indian tribe. It will also be noted in a footer on the left bottom corner of the first page of the form.</p> <p>The committee has revised the form to include “I do not know” options for the questions.</p> <p>The committee has revised the form to include a signature line and date. The individual’s name and relation to child is asked at item 2.</p>
Hon. Michael Nash (Ret.) Judge Superior Court of Los Angeles County	<p>Regarding the JV-219 form, its use should also be strongly encouraged.</p> <p>In cases where the medication is new, the form should indicate whether the caregiver knows how to obtain and refill the medication. We have seen lots of cases where administration of the medication was delayed because of lack of caregiver capacity to obtain or refill.</p> <p>It is also important for the court to know if the caregiver knows about future medical appointments, is capable of making those appointments, and has the ability to ensure the child gets to the medical appointments. Also, does the caregiver know what to do if the child has an adverse reaction to the medication. Finally, the court should know whether the caregiver agrees</p>	<p>No response required.</p> <p>The committee has amended the form to include the questions in this comment.</p> <p>The committee has amended the form to include the questions in this comment.</p>



**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO)

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<i>Statement About Psychotropic Medication (form JV-219)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>with the use of the medication.</p> <p>JV-219 needs to identify who is administering the meds and who is responsible for monitoring the effects of the meds. It is very important for the court to have this information, especially when a child is in a group home.</p>	<p>The committee has amended the form to include the questions in this comment.</p>
<p>National Center for Youth Law by Jackie Thu-Houng Wong Director of Government Relations</p>	<p>3. Optional Forms for Input. New forms JV-218 and JV-219 may be used by the child, caregiver, and CASA as a means of providing their input on the request to authorize psychotropic medication.</p> <p>Support with modification. Neither the statute nor the proposed Rules provide any elaboration of what may be included as “input on medication.” The proposed form delineates two areas – i.e., (1) what, if anything, the child has been told about “how the medication is supposed to help me,” and (2) what, if anything, the child has been “told about potential side effects.” We suggest the form be amended to indicate whether or not the child knows the names of the medication being prescribed, and whether or not the child has taken any of the prescribed medications before. It should also ask the child to report what, if any, other treatments the child is being provided.</p> <p>JV-219 – Amend Section 3 to include two subsections (a) and (b) with (b) indicating “How long has the child been placed in your home/facility?”</p>	<p>No response required.</p> <p>The committee has revised the form to contain the questions in this comment.</p> <p>The committee has revised the form to include the question “How long has the child been placed in your home/facility?”</p>
<p>River Oak Center for Children by Harry Wang, MD, Psychiatric Director Sacramento, CA</p>	<p>a. This information would be welcome for the prescribing psychiatrist to review.</p>	<p>The committee agrees that physicians should be provided with all the information necessary to make a thorough assessment of the child. Mandating any of that information be provided, however, is not addressed in</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Statement About Psychotropic Medication (form JV-219)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>b. There should be a section on the minor’s emotional life where comments on anxiety and depression can be made.</p> <p>c. 22 (benefits) should precede 21 (side effects)</p>	<p>SB 238 and therefor out of the scope of this proposal.</p> <p>The committee concluded that the narrative questions on the form will allow the person filling out the form to comment on anxiety and depression.</p> <p>The committee concluded that these items on the form should remain in the same order that circulated for public comment because many of the answers to the questions that precede question 21 may address benefits.</p>
San Francisco Department of Public Health, Behavioral Health Services by Karen Finch, MD, Medical Director of Foster Care Mental Health Program	<p><u>JV-219:</u> Item 14, 15, &amp; 17: These items seem to assume that the medication will affect school/learning, ability to concentrate, and participation in hobbies/activities. Not all medications will affect those areas and it would be more helpful to make a general question about school and social functioning. This could be achieved by a follow-up question to Item 5 (“How is the child’s learning and academic progress?”) and a follow-up question to Item 6 (“How does the child function in after school activities and hobbies?”)</p>	<p>The committee has revised the form to first ask the question and then ask, “If so, how?” For example. “Is the medication affection school and/or learning? If so, how?”</p>
Youth Law Center by Cat McCulloch, Legal Fellow San Francisco, CA	<p>Revise Juvenile Delinquency Form JV-219-INFO and renumber as JV-217-INFO</p> <p>The JV-217 INFO explains the purpose(s) of many of the forms but omits a description of the proposed JV-218, Child’s Statement Regarding Psychotropic Medications, and JV-219, Statement Regarding Psychotropic Medication.</p> <p>In order for this form to fully and clearly conform to the law we suggest the following amendments:</p>	<p>No response required.</p>

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<i>Statement About Psychotropic Medication (form JV-219)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	The JV-217 INFO should be amended to include a section describing these forms (JV-218 and JV-219), and should indicate that the JV-218 and JV-219 should be filed within four court days of notice of an application, prior to any status review hearing, or at any time after the medication(s) are authorized. See proposed Rule 5.640(c)(11) and (12).	The committee has revised form JV-217-INFO to include descriptions of and instructions for JV-218 and JV-219.

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<i>Application For Psychotropic Medication (form JV-220)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
California Academy of Child & Adolescent Psychiatry By Robert P. Holloway, MD, President, Cal-ACAP and Kristen Barlow, CBHDA Executive Director	COMMENTS: As stated above, the addition of the newly added forms, some of which are mandatory, will require additional coordination to ensure that these are provided to the appropriate entities in a timely manner.	SB 238 was a comprehensive bill that mandated training for caregivers, judicial officers, and juvenile court professionals. The new process and court forms should be a part of that training.
County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	The Mandatory JV-220 Application for Psychotropic Medications: Q1: “Where the child lives” – Due to the implementation of the Continuum of Care reform, references to Group homes may become obsolete. Effective January 1, 2017, group homes will transition into Short Term Residential Treatment Centers (STRTCs), although the law allows current group homes to operate through Dec 31, 2018 under a county waiver. We recommend instead of the two Group Home boxes (1-11 and 12-14) to collapse this into simply “Group Home, level ____” and the worker can insert the level number. Add STRTC, also add Therapeutic Foster Care (TFC)/Intensive Treatment Foster Care (ITFC).	The committee has revised the form consistent with these comments.
National Center for Youth Law by Jackie Thu-Houng Wong Director of Government Relations	4. Amend JV-220 Application to include the type of placement in which the child resides.  Support. The addition of different types of group homes in which the child is living and how long that child has been in the placement is important information for the court to have.	No response required.
Melissa Vallas, MD Alameda County Behavioral Health Care Services (ACBHCS)	I think the JV220 should include the following questions:  If the requested medications are approved for a child of the	This is a comment that is likely to have varying opinions and, particularly because of the many comments regarding the additional length of the JV-220(A), would

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<i>Application For Psychotropic Medication (form JV-220)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
San Leandro, CA	noted age - If the answer is "NO" then having space to explain why the medication is being used.  If the dose requested is within an approved range - If the answer is "NO" then having space to explain why the dose is being requested	need to circulate for public comment. The committee will discuss this comment if the rule is again circulated for public comment. The committee did add an optional question for the physician to provide other information about the prescribed medication that he or she wants the court to know (e.g. why prescribing more than one medication in a class, why prescribing outside the approved range, or why prescribing medication not approved for a child of this age)

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
<p>California Academy of Child &amp; Adolescent Psychiatry by Robert P. Holloway, MD, President, Cal-ACAP and Kristen Barlow, CBHDA Executive Director</p>	<p>While circulating this proposal to our membership for comments, we noticed a few common themes emerged. For instance, we noticed a general concern that the newly expanded JV-220A would take a great deal of time to complete and further reduce the amount of time Child and Adolescent Psychiatrists would be available to meet with patients. In some instances, this means an additional appointment time just to fill out the form. It also involves various moving parts that need to be coordinated in order to ensure timely submittal. While certainly well-intentioned, the size and scope of these proposed changes to the Rules of the Court do not seem to fully take into account the current infrastructure and dearth of Child and Adolescent psychiatrists most counties are currently facing.</p> <p>Our primary concerns related to the proposed amendments are the array of possible unintended consequences, such as: compromising access to medically necessary care by increasing the non- compensated work load on the part of prescribers when there is already a dearth of such prescribers in many counties throughout the state, decreasing the potential pool of physicians who could provide such care, and potential for delaying access to care and the unintended consequence of those delays.</p> <p>We would like to work with your committee and stakeholders to help ensure that these forms are expanded in an efficient way that strikes a balance between providing all the necessary information required under SB 238 and helping prevent against unnecessary delays in access to care for foster youth. For instance, we notice that the form is nearly a complete assessment and contains much protected health information.</p>	<p>Most of the new questions on form JV-220(A) are mandated by SB 238 or already existed on the form in a series of questions that were separated into distinct items. The committee added two other questions that it believed were critical. The new questions on the proposed form that are not required by SB 238 are: “How long have you been treating the child?” and “In what capacity have you been treating the child (e.g. treating psychiatrist, treating pediatrician)?” The committee also made the medication administration schedule, which is currently on the form, mandatory rather than optional. To address the concerns that form JV-220(A) is too long, the committee split it into two forms, one for initial requests and one for a continuing request by the same physician, to decrease the length of the form for renewal requests. The committee removed items 3, 7, 8, 10, 12(c), 13-16, 19, and 24 and created a new form <i>Prescribing Physician’s Statement, Request to Continue—Attachment</i> (form JV-220(B)) to decrease the amount of information and time needed to complete the form when the same physician is requesting a renewal of a medication previously authorized by the court. This would decrease the form from 6 to 4 pages.</p> <p>Additionally, the committee rewrote two questions (items 10 and 11) that, as circulated for comment, called for six narrative answers to now ask two yes or no questions, and two narrative questions. The committee also deleted the item regarding laboratory tests that, as circulated for public comment, took up approximately 1/3 of a page, and replaced it with a question regarding whether all relevant laboratory tests have been</p>

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Perhaps it is possible to incorporate at least parts of these forms into a prescribing physician’s initial assessment and then those portions could be sent to the dependency court.</p> <p>COMMENTS: – We would agree that the prescribing physician is the best person to provide the newly required information and that the JV-220A is the appropriate place for that to occur. We do remain concerned however that the scope of the expansion of the JV-220A as currently proposed will compromise the amount of time a Child and Adolescent Psychiatrist has to see and treat kids.</p> <p>COMMENTS: The inclusion of Question 2b (re: request to modify) is a good addition to the JV-220A.</p> <p>The intent/need of Question 8 on the JV-220A (in what capacity have you been treating the child) wasn’t very clear to our respondents. Whether or not that question is necessary should be examined.</p> <p>The pairing of Question 12c and 13c was also a bit confusing to our respondents. It seems as if the proposed change is trying to get at “Why was this medication initially chosen as opposed to another?” If that is indeed the case, perhaps we could just use that question and reduce potential confusion/overlap.</p> <p>On question 13d some respondents recommended using generic names for everything to reduce confusion. It typically gives at least a general idea of the category of medication being prescribed (e.g., paroxeTINE, fluoxeTINE, duloxeTINE; olanzaPINE, clozaPINE, quetiaPINE).</p>	<p>conducted and a request for a brief explanation if not.</p> <p>See response above.</p> <p>No response required.</p> <p>The committee has revised the form to give examples of treatment capacities to help clarify this question. (E.g. treating psychiatrist, treating pediatrician).</p> <p>The committee has amended the form to clarify these questions.</p> <p>Based on input at the stakeholder meeting, the committee has revised the form to read “brand/generic”.</p>

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>There was also the question of how detailed of a response should be provided for Question 15 on the JV-220A? Would this be a pharmacological, receptor-level explanation of how the medication works? It was noted that all the medications are supposed to attenuate/ameliorate symptoms. It may be good to consider “What symptoms are expected to improve with medication?” as an alternative question.</p> <p>There was some consensus that there should be more emphasis on Question 17 to ask for specific types of EBPs and/or promising practices that have been provided/are available. Consideration should be given to expand this section, perhaps to allow for more explanatory descriptions.</p> <p>Additional clarity was also requested for Question 19. Does the court want a MD to fax in descriptions from the Physician’s Desk Reference or patient info sheets with each JV-220A? It would be good to clarify how this information is being asked to be provided.</p> <p>Additional clarity is also requested for Question 21. If a child is in a probation facility or group home, who is the “present caregiver”? Any staff member? It would be good to have this clarified.</p> <p>Much of what is included in the proposed forms are essentially psychiatric assessment forms. By completing these in addition to completing whatever EMR assessment, the physician time is</p>	<p>The committee has revised this question consistent with this comment. It now reads, “What symptoms are expected to improve with medication?”</p> <p>The committee, after consultation with stakeholders, recommends expanding the list of therapeutic services the prescribing physician can recommend to include more evidence based practices and promising practices including art therapy, Wraparound services, cognitive behavioral therapy (CBT), Therapeutic Behavioral Services (TBS), and American Indian/Alaska Native healing and cultural traditions.</p> <p>The committee has amended the rule to indicate that the caregiver must be provided with the medication information sheets (medication monograph) that was attached to the JV-220(A).</p> <p>The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.</p> <p>The Judicial Council is required to develop forms to implement this statutory scheme to inform the court. If an EMR system can be programmed to generate these</p>



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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>being doubled. Is it possible to integrate these forms into EMR systems so that they can simply be printed after the assessment, potentially saving time and money?</p> <p>The completion of forms by typing is not evident in the guidance provided in the draft forms.</p> <p>COMMENTS: There was some confusion regarding what the court is looking for with that question/requirement. We would like to clarify how “explanatory” a MD would have to be in documenting this (i.e. is this just a comment on the degree of “agreeability” or documenting the entirety of that conversation?)</p> <p>COMMENTS: There was unanimous agreement from respondents that the JV- 220 (A) should delete DSM-IV and only use DSM-5 with (ICD-10-CM's) alpha-numeric coding and the need for multi-axial classification be eliminated.</p> <p>COMMENTS: Question 18b on the JV 220A regarding labs should read “fasting blood glucose” and “fasting lipid panel”. It currently reads “glucose” and “lipid panel”</p> <p>Also the lab result section doesn't include boxes to indicate that labs are not indicated at that time or with the medications are being prescribed. Judicial Council</p>	<p>forms, Cal. Rules of Ct, rule 5.504 provides authorization for electronically produced forms.</p> <p>SB 238 was a comprehensive bill that mandated training for caregivers, judicial officers, and juvenile court professionals. The new process and court forms should be a part of that training. Physicians, social workers, and probation officers can all be trained that these forms are fillable and can be typed on a computer.</p> <p>The committee has revised the form, after input at the stakeholder meeting, and this question now reads, “Briefly describe the child’s response”.</p> <p>The committee has revised the form to delete DSM-IV and only use DSM-5 with (ICD-10-CM's) alpha-numeric coding and the need for multi-axial classification be eliminated.</p> <p>The committee has revised the form to remove the list of tests and replaced it with questions regarding whether all relevant laboratory tests have been completed.</p> <p>See response above.</p>

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>should consider including such checkboxes.</p> <p>We would also consider adding “Hgb A1c” as a lab test under this section.</p> <p>There was also a desire expressed to clarify how the “date of most recent test” will be defined. Does that mean when the lab was ordered? Or drawn? Also as a point of clarification, “frequency” will depend on the results in the future, so that response may vary.</p> <p>COMMENTS: We believe the wording change is appropriate and would again reiterate that some expansion of this section to further elaborate on the therapeutic services being recommended for the child or youth.</p>	<p>See response above.</p> <p>See response above.</p> <p>The committee, after consultation with stakeholders, recommends expanding the list of therapeutic services the prescribing physician can recommend to include more evidence based practices and promising practices including art therapy, Wraparound services, cognitive behavioral therapy (CBT), Therapeutic Behavioral Services (TBS), and American Indian/Alaska Native healing and cultural traditions.</p>
<p>County of San Diego by Laura Vleugels, MD, Supervising Child and Adolescent Psychiatrist San Diego, CA</p>	<p>Consider adding examples of what would constitute an emergency for JV 220 (A) #3.</p> <p>Consider more clearly defining question JV 220 (A) #8. Is the question what type of treatment are you providing the child? Or what program/type of program are you seeing the child in? Or something else?</p> <p>What type of response is expected from JV 220 (A) question #9? A one-word answer? Or comments about daily</p>	<p>Emergency situations are defined in the rule, and the committee does not want to add additional information to this form, particularly in light of the numerous comments that the form was too long.</p> <p>The committee has revised the form to give examples of treatment capacities to help clarify this question. (E.g. treating psychiatrist, treating pediatrician).</p> <p>The committee concluded that the question was clear as it circulated for public comment and did not revise it.</p>

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>functioning? As written, expectation ambiguous. May receive more meaningful answers with some additional direction.</p> <p>How are JV 220 (A) questions #10 and #14 different? Can they be combined?</p> <p>Consider adding a “not applicable” option for JV 220 (A) question #18 as not all patients/diagnoses/medications require labs.</p> <p>Concern about the form moving from 3 pages to 6 pages. Child psychiatrists work to transfer care to primary care once a youth has been stabilized. Increased paperwork requirements would serve as a deterrent for primary care to accept these children.</p> <p>Questions on the JV 220 (A) noted to be “redundant, cumbersome, and do little to help a non-medical person (the judge) make medical decisions.”</p> <p>Our System of Care as a whole has concerns about increasing the paperwork responsibilities for prescribers. Child and Adolescent Psychiatrists are in short-supply and there is a consensus that their time would be better spent with youth, families and caregivers.</p>	<p>The committee concluded that one question asked about treatments tried and another asked about symptoms that were not alleviated by the treatment, and that they should remain separate questions.</p> <p>The committee has revised the form to remove the list of tests and replaced it with questions regarding whether all relevant laboratory tests have been completed.</p> <p>Most of the new questions on form JV-220(A) are mandated by SB 238 or already existed on the form in a series of questions that were separated into distinct items. The committee added two other questions that it believed were critical. The new questions on the proposed form that are not required by SB 238 are: “How long have you been treating the child?” and “In what capacity have you been treating the child (e.g. treating psychiatrist, treating pediatrician)?” The committee also made the medication administration schedule, which is currently on the form, mandatory rather than optional. To address the concerns that form JV-220(A) is too long, the committee split it into two forms, one for initial requests and one for a continuing request by the same physician, to decrease the length of the form for renewal requests. The committee removed items 3, 7, 8, 10, 12(c), 13-16, 19, and 24 and created a new form <i>Prescribing Physician’s Statement, Request to Continue—Attachment (form JV-220(B))</i> to decrease the</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO)

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
		<p>amount of information and time needed to complete the form when the same physician is requesting a renewal of a medication previously authorized by the court. This would decrease the form from 6 to 4 pages.</p> <p>Additionally, the committee rewrote two questions (items 10 and 11) that, as circulated for comment, called for six narrative answers to now ask two yes or no questions, and two narrative questions. The committee also deleted the item regarding laboratory tests that, as circulated for public comment, took up approximately 1/3 of a page, and replaced it with a question regarding whether all relevant laboratory tests have been conducted and a request for a brief explanation if not.</p>
<p>County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA</p>	<p>The Mandatory JV-220A Prescribing Physician’s Statement: Generally, we believe the changes on the JV-220A appear consistent with the requirements under SB 238, which specifically requires:                      WIC 369.5 (a)(2)(B)(ii) Information regarding the child’s overall mental health assessment and treatment plan is provided to the court.                      (iii) Information regarding the rationale for the proposed medication, provided in the context of past and current treatment efforts, is provided to the court. This information shall include, but not be limited to, information on other pharmacological and nonpharmacological treatments that have been utilized and the child’s response to those treatments, a discussion of symptoms not alleviated or ameliorated by other current or past treatment efforts, and an explanation of how the psychotropic medication being prescribed is expected to improve the child’s symptoms.                      However, we do have some concerns that the forms are placing</p>	<p>No response required.</p>

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>an undue burden on social work staff to provide much of this information [see comments on the JV-220(B) and JV-224].</p> <p>We have the following comments on the form:                      Q8: “In what capacity have you been treating this child?” – This question is vague, instead we recommend check-boxes for possible answers, such as: mental health provider, primary care physician, etc.</p> <p>Q10: “Describe the child’s symptoms, including duration, and the child’s treatment plan.” We recommend adding “if known” particularly regarding the treatment plan, which may not be known if the prescribing physician is a primary care physician and not, for example, the psychiatrist at the group home.</p> <p>Q11: “Describe the child’s response to any current psychotropic medication.” This seems vague. Is the intent to obtain the child’s thoughts/feelings about taking the medication, or any physiological response to the medication?</p> <p>Q12: Suggest starting with a yes/no checkbox, “Have nonpharmalogical treatment alternatives to the proposed medications been tried in the last 6 months?” with options of Yes, No, or Unknown (unknown may apply if this is a new treating physician to the child). If yes, then ask the physician to complete (a) and (b) but combine the question into a single “If yes describe the treatment and the child’s response.” And “If no, explain why not.”</p> <p>Q13: Revise this question to follow a similar format to Q12.</p>	<p>The committee has revised the form to give examples of treatment capacities to help clarify this question. (E.g. treating psychiatrist, treating pediatrician).</p> <p>The committee has revised the form to include checkboxes and the answer I don’t know” to almost every item on this form.</p> <p>This language tracks the statute and the committee concluded it should stay as circulated for public comment.</p> <p>The committee has revised the form consistent with this comment.</p>
<p>Mark D. Edelstein, MD Board Certified Child and</p>	<p>I agree with most of the Judicial Council’s recommendations, but I am deeply troubled by the proposed expansion of the JV-</p>	<p>Most of the new questions on form JV-220(A) are mandated by SB 238 or already existed on the form in a</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
Adolescent Psychiatrist Medical Director EMQ Families First	<p>220(a) form, which would double the length of the form from 3 to 6 pages and increase the number of required paragraph-length narrative responses from one (item 7) to twelve. A form that now takes me 5-10 minutes to complete would take 15-20 minutes.</p> <p>Such a radical expansion would unquestionably decrease access to care. Faced with the increased administrative burden, some ethical and capable child psychiatrists and pediatricians will simply stop addressing the mental health needs of foster youth. Meanwhile, prescribers who continue to see foster youth will have less time to do meet with children and families.</p> <p>Anyone who <i>wants</i> this outcome is misguided. Mental health disorders are at least twice as common among foster youth as in non-foster youth. Roughly 10% or more have ADHD while others struggle with depression, anxiety and reactive agitation and aggression, bipolar disorder, etc. Most people with mental health conditions do not need medication, but some absolutely do. It is outrageous to discriminate against this population by further limiting their access to medical care.</p> <p>I am also unconvinced that the proposed changes will provide much protection to foster youth. I hope I am wrong, but doctors who fail to complete the current form fully will surely fail to complete a form that is twice as long. And doctors who now make imprudent medication recommendations, fail to order the indicated labs, provide inadequate follow-up, etc. will not change their practice.</p> <p>The proposed changes would move the JV-220 process in the</p>	<p>series of questions that were separated into distinct items. The committee added two other questions that it believed were critical. The new questions on the proposed form that are not required by SB 238 are: “How long have you been treating the child?” and “In what capacity have you been treating the child (e.g. treating psychiatrist, treating pediatrician)?” The committee also made the medication administration schedule, which is currently on the form, mandatory rather than optional. To address the concerns that form JV-220(A) is too long, the committee split it into two forms, one for initial requests and one for a continuing request by the same physician, to decrease the length of the form for renewal requests. The committee removed items 3, 7, 8, 10, 12(c), 13-16, 19, and 24 and created a new form <i>Prescribing Physician’s Statement, Request to Continue—Attachment</i> (form JV-220(B)) to decrease the amount of information and time needed to complete the form when the same physician is requesting a renewal of a medication previously authorized by the court. This would decrease the form from 6 to 4 pages. Additionally, the committee rewrote two questions (items 10 and 11) that, as circulated for comment, called for six narrative answers to now ask two yes or no questions, and two narrative questions. The committee also deleted the item regarding laboratory tests that, as circulated for public comment, took up approximately 1/3 of a page, and replaced it with a question regarding whether all relevant laboratory tests have been conducted and a request for a brief explanation if not.</p> <p>The committee concluded that while implementing a</p>

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>wrong direction, asking the judge to more or less offer a “second opinion.” No form, no matter how long, will make a judge an expert in this field. Why not leverage existing expertise? I urge the Judicial Council to keep the JV-220(a) relatively short and simple, and, as is done in several counties now, implement a process where every JV-220(a) is reviewed by a medical expert on behalf of the court. For example, counties might have trained nurses review the more routine JV-220(a)s, reserving child psychiatric review for more complex clinical circumstances.</p> <p><u>Addendum: Specific concerns and recommendations about the JV-220(a)</u></p> <p>2.a. Replace “administer” with “prescribe.” The provider does not administer medications.</p> <p>2.b. The option to “modify” medication incorrectly implies that Court authorization is necessary to change a dose. To avoid confusion, I suggest deleting this or replacing it with “A request to increase the maximum dose of psychotropic medication the child is currently taking.”</p> <p>3. There is disagreement among prescribers about just what constitutes an “emergency situation.” It would be helpful if the Judicial Council added one sentence to define it.</p> <p>5. With the increasing use of telemedicine, sometime evaluations will be done long-distance and it is not clear if the phrase “face-to-face clinical evaluation” applies to this. I suggest clarifying this, e.g., “This request is based on face-to-</p>	<p>process where every JV-220(A) is reviewed by a medical expert on behalf of the court is a good suggestion, it is not mandated by statute and is beyond the purview of the Council’s rule making authority. SB 238 was a comprehensive bill and added to the already mandated judicial training, training that addresses the authorization, uses, risks, benefits, assistance with self-administration, oversight and monitoring of psychotropic medications, trauma, and substance use disorder and mental health treatments, including how to access those treatments. Welf. &amp; Inst. Code §§304.7(a)(3), 16501.4(d).</p> <p>The committee agrees to amend the form consistent with this comment.</p> <p>The committee agrees to change the type of request to “A request to start a new medication or to increase the maximum dose of a previously approved medication”.</p> <p>Emergency situation is defined in rule 5.640(g). The committee has revised this form to include a reference to the rule.</p> <p>This is a comment that is likely to have varying opinions and would need to circulate for public comment. The committee will discuss this comment if the rule is again circulated for public comment. Each jurisdiction can</p>

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>face evaluation (in person or via audiovisual communication) of the child by:”</p> <p>8. This question (“In what capacity have you been treating the child?”) is unclear.</p> <p>9, 10, 11, 12, 13 a-c, 14 and 15. It is excessive to make these individual items. They are in some cases redundant. I can assure you that <u>many doctors will put a word or two in response or not fill these items out at all because we do not have the time</u>, leaving the Court to decide whether that is acceptable or whether to deny necessary treatment. My recommendation is to allow the doctor to include the most relevant aspects of these items should be included by the provider in the current item 7.</p> <p>20. In 20.b., the option “the child is too young” has been removed. This was a very useful checkbox for kids under, say, 7 or 8 years old, especially because it helped compensate for the <u>self-contradiction</u> in 20.a., which incorrectly assumes that it is “age-appropriate” to explain “the recommended medications, the anticipated benefits, the possible side effects” even to a young child.</p> <p>Finally, since reliable medication information for patients is widely available on the internet, it would save trees to stop requiring doctors to accompany the JV-220(a) with that additional information.</p>	<p>determine if audiovisual communication suffices for a face-to-face clinical evaluation.</p> <p>The committee has revised the form to give examples of treatment capacities to help clarify this question. (E.g. treating psychiatrist, treating pediatrician).</p> <p>The committee does not view these questions as redundant. The committee has combined several of the questions , the committee rewrote two questions (circulated as 12 and 13) that, as circulated for comment, called for six narrative answers to now ask two yes or no questions, and two narrative questions.</p> <p>The committee decided that even very young children can be told about recommended psychotropic medication in an age-appropriate manner. If the child is indeed too young for such an explanation, the “other” option would remain on the form and could be used for this purpose. The option to not inform the child because the child lacks the capacity to provide a response would also remain on the form.</p> <p>The court cannot consult documents outside of the case record when making decisions. Therefore all the information necessary to inform the court’s decision must be included in the case file.</p>
National Center for Youth Law by Jackie Thu-Houng Wong	Prescribing Physician’s Statement. The proposed Rule and Form revise the information to be provided to court by the	No response required.



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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
Director of Government Relations	<p>prescribing physician. We support these changes and make several recommendations for improving the form and thereby the nature and quality of information the court has upon which to base its decision.</p> <p>Section 6 of the Prescribing Physician’s Statement Form JV-220A provides a checklist of persons from whom the physician might obtain information about the child. We recommend adding ‘Public Health Nurse’ to the list. Public Health Nurses who are part of the Health Care Program for Children in Foster Care (HCPCFC) are responsible, among other things, for collecting health information and updating a foster child’s health records.<sup>27</sup> With the passage of SB 319, these nurses now have direct access to health care information.<sup>28</sup> By adding a box for Public Health Nurse, the physician is reminded that this person may be a key resource for medical history information about the child as well as a source of information about past treatments and their negative or positive impacts.</p> <p>Prescribing physicians also may not know that a Health &amp; Education Passport (HEP) is supposed to be kept for every child in foster care. See, Cal. Welf. &amp; Inst. Code §16010. The physician is expected to have some knowledge of the child’s health care history. For example, see Sections 12 &amp; 13 asking for</p> <ul style="list-style-type: none"> <li>• A description of pharmacological alternatives tried</li> </ul>	<p>The committee has revised the form to include both public health nurses and tribes as persons from whom the physician may obtain information.</p> <p>This is a comment that is likely to have varying opinions and would need to circulate for public comment. The committee will discuss this comment when the rule is again circulated for public comment.</p> <p>This is a comment that is likely to have varying opinions and, particularly in light of the many comments that the</p>

<sup>27</sup> Welf. & Inst. Code §16501.3

<sup>28</sup> SB 319, Sections 1 & 2, Cal. Stat. Chap. 535 (2015)

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>within the last six months</p> <ul style="list-style-type: none"> <li>• The child’s response to the pharmacological alternatives<sup>29</sup></li> </ul> <p>We recommend that the form be modified to include a question, “Did you receive a copy of the child’s Health &amp; Education Passport?” This question might also be added to Section 6 of the JV-220A discussed above.</p> <p>At some point on the Prescribing Physician’s Statement, the court should be told whether or not medication is being prescribed off-label. This should be a factor in the court’s decision to grant or reject the application.</p> <p>The form, while listing the name of the medication, does not include the type or class of medication. We recommend Section 23 in the proposed form be modified to add a column in which the class of medication is specified. It is particularly important that the court know if two medications from the same class are being prescribed, as this may substantially increase the risks to the child. The classes of drugs could be drawn from the definitional sections of the statute – Welf. &amp; Inst. Code Section 369.5 (a) and Rule 5.640 subsection (a).</p> <p>Section 19 of the form refers to some “Mandatory Information Attached.” Acceptable sources for this information are not indicated. If the manufacturer’s FDA-approved label is the intended attachment, then the Rule should specify that.</p> <p>2. Revise Prescribing Physician’s Statement (Form JV-220A) to delete the box indicating the prescriber did not inform</p>	<p>physicians form was too long, would need to circulate for public comment. The committee will discuss this comment when the rule is again circulated for public comment. The committee did add an optional question for the physician to provide other information about the prescribed medication that he or she wants the court to know (e.g. why prescribing more than one medication in a class, why prescribing outside the approved range, or why prescribing medication not approved for a child of this age).</p> <p>The committee has revised the form to include the class of the medication.</p> <p>The committee has amended the rule to indicate that the caregiver must be provided with the medication information sheets (medication monograph) that was attached to the JV-220(A).</p> <p>No response required.</p>

<sup>29</sup> Section 13 b. asks for a description of the child’s response to ‘pharmacological treatments’ in (a). We believe it should read ‘pharmacological alternatives’ in (a).

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>the child of the request, the recommended medications, benefits and side effects because the child is too young.</p> <p>Support. We agree with the committee that very young children can and should be told about these powerful medications in an age-appropriate way. In fact, very few foster children under five years of age in California are prescribed psychotropic medications. Out of approximately 55,000 children in foster care, only 101 children five and under were prescribed psychotropic medication.<sup>30</sup> Seventy three percent of all foster children for whom psychotropic medications are authorized are eleven years old or older.<sup>31</sup></p>	No response required.
<p>Public Counsel, Children’s Rights Project by Rachel Stein, Staff Attorney</p>	<p>Revisions to JV-220(A):</p> <p>Question #8 is vague- is it asking if the doctor is a primary physician or the child's psychiatrist? We suggest clarifying the form by providing "(e.g. treating psychiatrist, treating pediatrician, etc.)</p> <p>Question #10 asks to describe the child's symptoms "and the child's treatment plan." I suggest removing this latter phrase, as it's duplicative of questions #17, #23-24 (those questions encompass mental health services and all psychotropic medications).</p>	<p>The committee has revised the form consistent with this comment.</p> <p>The committee did not consider the questions as duplicative and decided to keep question as circulated for public comment.</p>

<sup>30</sup> *Children Authorized For Psychotropic Medications Agency Type: Child Welfare* (April 1, 2015 to June 30, 2015) at Webster, D., Armijo, M., Lee, S., Dawson, W., Magruder, J., Exel, M., Cuccaro-Alamin, S., Putnam-Hornstein, E., King, B., Sandoval, A., Yee, H., Mason, F., Benton, C., & Hoerl, C. (2015). *CCWIP reports*. Retrieved 12/8/2015, from University of California at Berkeley California Child Welfare Indicators Project website. URL: <[http://cssr.berkeley.edu/ucb\\_childwelfare](http://cssr.berkeley.edu/ucb_childwelfare)>

<sup>31</sup> Id.

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Question #12(a) asks for a list of non-pharmacological treatment alternatives that have been tried with the child in the last six months. What if the child no longer qualifies for therapy or other non-pharmacological treatment under Medi-Cal but his doctor and caregiver agree that he is still in need of medication? This occurs in a small but not insignificant number of cases, particularly where the child was in therapy for a long time and was terminated because he met his therapeutic goals, but still requires medication for ADHD. Some exception/carve-out should be made for this circumstance.</p> <p>Questions #12(c) and #13(c) are vague- is it asking whether no non-pharmacological alternatives have ever been tried, or just in the last 6 months?</p> <p>Question # 13(c) is confusing- if this is the first application for psych meds, no other pharmacological alternatives would have been tried yet. If this is not the first application for psychotropic meds and the doctor is seeking a change to the medication, then necessarily, alternatives would have been tried. If this is not the first application for psychotropic medication but is just a renewal of prior medication that's working, then no alternatives would have been tried because the prior medication is effective. I assume this question is trying to ensure doctors have tried alternative medications if a medication is not working or is causing significant side effects. But a more clear and efficient way to address this concern would be to ask "If the medication you are prescribing is causing side-effects that concern the child or the caregiver, and you haven't tried an alternative pharmacological, why not?"</p>	<p>The committee concluded that if non-pharmacological treatment alternatives were not provided because they were not covered by Medi-cal, the physician could state that when answering the question “If no, explain why not”</p> <p>The question indicates “in the last six months.”</p> <p>The committee has revised this series of questions by starting with a yes/no checkbox, “Have nonpharmacological treatment alternatives to the proposed medications been tried in the last 6 months?” with options of Yes, No, or Unknown (unknown may apply if this is a new treating physician to the child). If yes, then ask the physician to answer a single question, “If yes describe the treatment and the child’s response.” And “If no, explain why not.”</p>
River Oak Center for Children	a. 15 would change “Describe how the medication being	The committee has revised the form consistent with this

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<i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
by Harry Wang, MD, Psychiatric Director Sacramento, CA	<p>prescribed is expected to improve the child’s symptoms” to “What symptoms are expected to improve with medication”</p> <p>b. 16 I believe the court is requesting DSM-5 only diagnosis</p> <p>c. 18s delete “recent abnormal laboratory results” as lab is requested in 18b</p>	<p>comment.</p> <p>The committee has revised the form and removed the option of DSM-IV.</p> <p>The committee has revised the form to remove the list of tests and replaced it with questions regarding whether all relevant laboratory tests have been completed, therefore, the committee concluded that abnormal laboratory tests should remain in this question.</p>

<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))<sup>32</sup></i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
California Academy of Child & Adolescent Psychiatry by Robert P. Holloway, MD, President, Cal-ACAP and Kristen Barlow, CBHDA Executive Director	Discussion: Item (c)(5) introduces the Social Worker or Probation Officer’s Statement (JV 220(B) which is proposed to be mandatory.	The committee circulated a proposed form, <i>Social Worker and Probation Officer’s Attachment</i> (form JV-220(B)), that would have been submitted with the JV-220. To address several commentators concerns that requiring additional forms may result in delay if those forms are not completed, the committee no longer proposes this additional form. The committee has moved necessary questions from that proposed form into <i>Application for Psychotropic Medication</i> (form JV-220). The responses below refer to the item number on form

<sup>32</sup> The comments in this chart regarding form JV-220(B) are for *Social Worker or Probation Officer’s Statement—Attachment*; they are not for the newly proposed *Prescribing Physician’s Statement, Continued Request—Attachment*.

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO)

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> <sup>32</sup>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Some of the information appears to be very simple to document and make available to the courts as part of the ongoing oversight of any authorized medications. However, unless the social worker classifications and probation officer classifications include graduate school level of training and clinical internships in the disciplines associated with mental health treatments, there is concern that some of the JV 220(B) questions would appear be outside of the expertise of the designated personnel. Additionally, with large caseloads, how likely is it that the county departments will have sufficient staffing to conduct these more intensive interviews with children and youth?</p> <p>Recommendation: The Alliance recommends that field tests of this proposed form, and/or focus groups, be used to determine the acceptance of the form by the designated professionals, and the accuracy of the information gathered by persons not trained in specialty mental health. Further, caseload analysis of typical CWS or probation staff may indicate how this requirement could further impact workloads. The same concerns and recommendations are offered by the Alliance regarding JV 224.</p> <p>COMMENTS: On the JV-220(B) - The form would also require the social worker or probation officer to describe both pharmacological and non-pharmacological treatment alternatives. This expertise generally comes under the domain of a Child Psychiatrists and/or partly under the expertise of a Child Psychologist, thus may not be within the scope of the social worker or probation officer. Many of our respondents question the appropriateness of the inclusion of this provision.</p>	<p>JV-220.</p> <p>The committee concluded that the social worker or probation officer would be asking the physician these questions and reporting back to the court. The committee has also redrafted the questions regarding non-pharmacological and pharmacological treatment alternatives to discuss mental health treatment options and other psychotropic medications, areas that are well within the social worker or probation officer’s knowledge as the child’s case manager.</p> <p>See response above.</p> <p>See response above.</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> <sup>32</sup>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>On the JV 220B, Question 3, there is no checkbox for the child or adolescent to provide input on the medication through their physician. We would recommend including an additional checkbox for that purpose.</p> <p>On the JV 220B, Question 5, there is no checkbox for the caregiver to provide input on the medication through the physician. We would recommend including an additional checkbox for that purpose.</p>	<p>The committee concluded that the form filled out by the child should be done independently of the prescribing physician to provide a more balanced view to the court.</p> <p>The committee concluded that the caregiver input should be done independently of the prescribing physician to provide a more balanced view to the court.</p>
<p>County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA</p>	<ul style="list-style-type: none"> <li>JV 220 (B) noted to be out of the scope of practice of Probation Officers/Social Workers.</li> </ul> <p>The Mandatory JV-220(B)                      Q2: If the child submits a statement, the social worker should not be required to complete this question. We recommend adding a check-box to allow the worker to indicate “See Child Statement JV-218”</p> <p>Q3: If question 2 is on this form, why is question 3 necessary? EITHER Q2 or Q3 should be answered. Both should not be required.</p>	<p>The committee concluded that the social worker or probation officer would be asking the physician these questions and reporting back to the court.</p> <p>The committee concluded that the information reported by the child at a specific point in time could be very different than what the social worker or probation officer has observed over the course of the prior six months. The social worker or probation officer should be talking with the child about the psychotropic medication at each monthly visit, so this information should be readily available to them.</p> <p>Question 2 asks about what the child reports about taking the medication, and if it is a request to renew or modify, what the child reports regarding the benefits and side effects. Question 3 asks about how the child will provide input to the court and provides a number of checkboxes. The committee concluded that these were two very different questions and that both should remain</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> <sup>32</sup>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>Q4: Again, if the caregivers submits a statement, this question should not be required to be completed by the social worker.</p> <p>Q6: This seems like a “catch all” question and should be moved to the end of the form.</p> <p>Q7 and Q8: These are to be completed by the physician, we do not feel it’s appropriate for the social worker to ALSO complete this information. Therefore, we strongly urge that these two questions be DELETED from this form. These questions are repetitive and could create problems if any information conflicts with the physician statement. In addition, the social worker must rely on the prescribing physician for this information, and this form will require the social worker to seek out this information, again duplicated on the JV-220(A), resulting in a significant workload on the social worker, and potentially creating liability issues for the worker to ensure the information is correct and complete.</p> <p>Instead, we recommend that the social worker ATTACH information on the child’s treatment plan, if available. These plans can be obtained from mental health providers/county mental health. CWDA was the sponsor of SB 238 and this was The certainly not our intent to require this information to be</p>	<p>on the form.</p> <p>The committee concluded that the information reported by the caregiver at a specific point in time could be very different than what the social worker or probation officer has observed over the course of the prior six months. The social worker or probation officer should be talking with the caregiver about the psychotropic medication at each monthly visit, so this information should be readily available to them.</p> <p>The committee agrees to move this question to the end of the form.</p> <p>Questions 7 and 8, as circulated for comment asked about pharmacological and nonpharmacological treatment options that had been tried in the last 6 months. The committee agrees to amend form JV-220 to delete the two questions that would be duplicative of the information in the JV-220(A) and ask instead if the information provided by the physician for questions #12-13 is correct, to the best of the social worker's knowledge, and whether the social worker has any additional information to add about mental health treatment alternatives to the proposed medication or other psychotropic medication tried in the last six months. This information is essential to the court’s oversight function, and the prescribing physician may not have received enough information to answer these questions. The committee has redrafted the questions regarding non-pharmacological and pharmacological treatment alternatives to discuss mental health treatment</p>



**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))<sup>32</sup></i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	completed by the social worker. As California implements the Continuum of Care Reform, mental health is a required member of the child and family team is a mandated participant in the team to identify the services and supports needed to support the child/youth.	options and other psychotropic medications, areas that are well within the social worker or probation officer’s knowledge as the child’s case manager. Form JV-220 does not ask for information on the child’s treatment plan. Form JV-224, for use at progress review hearings, has been revised to asks the social worker or probation officer to describe other mental health treatments that are part of the child's overall treatment plan OR to attach the mental health treatment plan from treating clinician.
County of San Diego by Laura Vleugels, MD, Supervising Child and Adolescent Psychiatrist San Diego, CA	<p>There is also serious concern that, while gathering feedback from various parties (JV 219 for caregiver, CASA; JV 220 (B) for Social Worker or Probation Officer) can be a source of valuable information, that information needs to be available to the prescriber during the appointment with the child for the prescriber to integrate the feedback into his/her assessment and recommendations. If this feedback is mandated to be available in advance of a medication assessment, it could lead to delays in care.</p> <p>Our Child and Adolescent Psychiatrist community also shares concerns about feedback from vested parties being submitted to the Court (JV 219, JV 220 (B)). The physicians note that the information requested would be helpful to their assessment process but note that these questions ideally are the first steps in a dialog between the prescriber and the informant. A physician would naturally ask a series of follow-up questions to further his/her understanding and would incorporate that new information with their existing conceptualization of the case. Information provided on forms may be helpful, but ideally those vested parties would participate in the medication</p>	<p>The committee agrees that physicians should be provided with all the information necessary to make a thorough assessment of the child. Mandating any of that information be provided, however, is not addressed in SB 238 and therefor out of the scope of this proposal.</p> <p>See response above.</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))<sup>32</sup></i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	assessment and follow-up appointments.	
Hon. Michael Nash (Ret.) Judge Superior Court of Los Angeles County	<p>JV-220(B) is another new and crucial form. The court needs to know through the social worker and the probation officer whether to their knowledge the information on the JV220(A) is accurate and complete. Specifically I am referring to information re other services, other medications , who the caregiver is that is providing information, has the child been informed and does the child understand what he/she needs to know ?</p> <p>The form should also indicate whether they communicated with the child and caregiver in person or by phone and the frequency of those contacts.</p> <p>From my perspective, the process is deficient in that it does not require the child’s attorney, GAL, or CASA if there is one to weigh in similarly to the social worker and the probation officer. Court rules have established standards for CASAs and attorneys representing children. Their duties should require them to pay particular attention to issues related to psych meds. We know that social workers and probation officers generally carry big caseloads and are generally stretched thin, factors which often impact the quantity and quality of their information. These other entities involved with the child need to also weigh in to help the court make the right decisions. They are not being asked to make medical decisions, only to inform the court about facts it needs to be aware of. It will help ensure the accuracy and completeness that the court receives. As noted above, since these children do not have a competent parent who knows them and who watches them like a hawk, it</p>	<p>No response required.</p> <p>This is a comment that is likely to have varying opinions and would need to circulate for public comment. The committee will discuss this comment when the rule is again circulated for public comment.</p> <p>The committee concluded that mandating the child’s attorney to fill out a form had a high potential of violating attorney-client privilege. The court can ask the child’s attorney his or her position on any application. Additionally, nothing in this proposal removes the duties of the child’s attorney under section 317(e).</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> <sup>32</sup>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	is therefore crucially important that the whole village involved with them participate in the process.	
Orange County Bar Association by Todd G. Friedland, President Newport Beach, CA	<ul style="list-style-type: none"> <li>JV-220(B): Item #4, second sentence should say, “If this is a request to renew...,” not to “review,” see item #2 for consistency.</li> <li>JV-220(B): Item #8 (a), incorrectly states, “...the medication you are prescribing that have been tried...”, it should say either, “...the medication the physician is prescribing that have been tried..” or “...the medication being prescribed that you know has been tried...” as stated in (d).</li> </ul>	<p>The committee has revised the form consistent with this comment.</p> <p>The committee has revised this item.</p>
Orange County Social Services Agency/Children and Family Services by Maritza Partida, Policy Analyst Orange, CA	<ul style="list-style-type: none"> <li>JV-220(B): Item #4, second sentence should say, “If this is a request to renew...,” not to “review,” see item #2 for consistency.</li> <li>JV-220(B): Item #8 (a), incorrectly states, “...the medication you are prescribing that have been tried...”, it should say either, “...the medication the physician is prescribing that have been tried..” or “...the medication being prescribed that you know have been tried...” as stated in (d).</li> </ul>	<p>The committee has revised the form consistent with this comment.</p> <p>The committee has revised this item.</p>
Public Counsel, Children’s Rights Project by Rachel Stein, Staff Attorney	<p>New Form JV-220(B) would be mandatory and must be attached to JV220- "Social Worker or Probation Officer's Statement-Attachment."</p> <p>There is overlap between the Form JV-224 and JV-220(B); specifically, questions #2 and #4 on JV-220(B) are duplicative</p>	<p>The committee circulated a proposed form, <i>Social Worker and Probation Officer’s Attachment</i> (form JV-</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> <sup>32</sup>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>of questions #8-13 on JV-224. Are JV-224 and JV-220(B) intended to be submitted simultaneously, or are they for different hearings?</p> <p>If they are intended to be submitted at same time, consider eliminating some questions to avoid duplication. JV-224 is more comprehensive than JV-220(B), so consider eliminating questions #2 and #4 on JV-220(B)</p> <p>What is the logic behind asking the same questions of the social worker/probation officer and the physician? (Questions #7-8 on N-220(B) are the same as questions #12 and #13 on JV-220(A)). This duplication likely will result in the social worker copying the information from the JV-220(A) into the JV-220(B). If the purpose of the duplication is to have the social worker provide information that the doctor does not have, a more efficient way to do this would be to include a single question on the JV- 220(B) asking the social worker if the information provided by the physician for questions # 12-13 is correct, to the best of the social worker's knowledge, and whether the social worker has any additional information to add.</p>	<p>220(B)), that would have been submitted with the JV-220. To address several commentators concerns that requiring additional forms may result in delay if those forms are not completed, the committee no longer proposes this additional form. The committee has moved necessary questions from that proposed form into <i>Application for Psychotropic Medication</i> (form JV-220). Form JV-224 is for use at progress review hearings, after the medication has been ordered. Form JV-220 is for use when applying for psychotropic medication order, and form JV-224 is for use at progress review hearings on the order.</p> <p>The committee agrees to amend form JV-220 to delete the two questions that would be duplicative of the information in the JV-220(A) and ask instead if the information provided by the physician for questions #12-13 is correct, to the best of the social worker's knowledge, and whether the social worker has any additional information to add about mental health treatment alternatives to the proposed medication or other psychotropic medication tried in the last six months. This information is essential to the court’s oversight function, and the prescribing physician may not have received enough information to answer these questions. The committee has redrafted the questions regarding non-pharmacological and pharmacological treatment alternatives to discuss mental health treatment options and other psychotropic medications, areas that are well within the social worker or probation officer’s knowledge as the child’s case manager.</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> <sup>32</sup>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
River Oak Center for Children by Harry Wang, MD, Psychiatric Director Sacramento, CA	<p>a. 3 there is no checkbox for the child to provide input on the medication through their physician</p> <p>b. 5 there is no checkbox for the caregiver to provide input on the medication through the physician</p> <p>c. 8 section on “Pharmacological treatment alternatives” should be directed to physicians, not social workers or probation officers. E.g. “Describe other pharmacological alternatives to the medication you are prescribing.”</p>	<p>The committee concluded that the form filled out by the child should be done independently of the prescribing physician to provide a more balanced view to the court.</p> <p>The committee concluded that the form filled out by the child should be done independently of the prescribing physician to provide a more balanced view to the court.</p> <p>The committee has also redrafted the questions regarding non-pharmacological and pharmacological treatment alternatives to discuss mental health treatment options and other psychotropic medications, areas that are well within the social worker or probation officer’s knowledge as the child’s case manager.</p>
San Francisco Department of Public Health, Behavioral Health Services by Karen Finch, MD, Medical Director of Foster Care Mental Health Program	<p>Should a copy of Prescribing Physician’s Statement— Attachment (form JV-220(A)) and Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B)) be included with notice that an application to administer psychotropic medication is pending before the court?</p> <p>We agree with providing these copies assuming it makes clinical sense based on the youth’s relationship and rapport with caregiver or tribe.</p> <p>If a copy of form JV-220(A) or form JV-220(B) is included with notice that an application to administer psychotropic medication is pending before the court, should they be provided to a tribe that has acknowledged the Indian child as a member of, or eligible for membership in, the tribe and to a tribe that has intervened in the juvenile court proceeding, or just to a tribe</p>	<p>No response required.</p> <p>The committee no longer proposes providing parents or caregivers with a copy of <i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>.</p> <p>No response required.</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> <sup>32</sup>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>that has intervened in the juvenile court proceeding?</p> <p>We agree with providing the tribe copies if the tribe has intervened in the juvenile court proceeding, and if the child is at least 12 years of age and amenable to information sharing with the tribe.</p>	<p>The committee no longer proposes providing the child’s tribe with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p>
<p>Superior Court of San Diego County by Mike Roddy, Executive Officer San Diego, CA</p>	<p>JV-220(B): Include probation officer, not just social worker, in items 3 and 5.</p> <p>There is also serious concern that, while gathering feedback from various parties (JV 219 for caregiver, CASA; JV 220 (B) for Social Worker or Probation Officer) can be a source of valuable information, that information needs to be available to the prescriber during the appointment with the child for the prescriber to integrate the feedback into his/her assessment and recommendations. If this feedback is mandated to be available in advance of a medication assessment, it could lead to delays in care.</p> <p>Our Child and Adolescent Psychiatrist community also shares concerns about feedback from vested parties being submitted to the Court (JV 219, JV 220 (B)). The physicians note that the information requested would be helpful to their assessment process but note that these questions ideally are the first steps in a dialog between the prescriber and the informant. A physician would naturally ask a series of follow-up questions to further his/her understanding and would incorporate that new information with their existing conceptualization of the case. Information provided on forms may be helpful, but ideally those vested parties would participate in the medication assessment and follow-up appointments.</p>	<p>The committee has revised the form consistent with this comment.</p> <p>The committee agrees that physicians should be provided with all the information necessary to make a thorough assessment of the child. Mandating any of that information be provided, however, is not addressed in SB 238 and therefor out of the scope of this proposal.</p> <p>See response above.</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> <sup>32</sup>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
<p>Youth Law Center by Cat McCulloch, Legal Fellow San Francisco, CA</p>	<p>Juvenile Delinquency Form JV-220(B) Section 3 Section 3 of this form asks the social worker/probation officer how the child will provide input to the court. The checkboxes provided do not include a checkbox for probation officer. In order for this form to fully and clearly conform to the law we suggest the following amendments:</p> <p>We recommend adding a checkbox to include probation officer. Rule 5.640(c) states that a child may provide information to the court through the probation officer. Therefore, it would be an oversight not to include them in this section.</p> <p>Section 4 Section 4 of this form asks the social worker/probation officer what the caregiver reports regarding the child taking the medication. In order for this form to fully and clearly conform to the law we suggest the following amendments: We recommend adding additional questions after this section: 5.) “Have you attempted to solicit input from prior caregivers identified in the case plan as a placement where the child may return? What is his or her relationship to the youth? What does he or she report regarding the child taking the medication? 6.) Who else have you interviewed in order to complete this form? What is his or her relationship to the youth? What does he or she report regarding the child taking the medication? It is important that prior caregivers, particularly those who provided primary care preceding a group or institutional placement or those that have a permanent connection to the youth, provide information regarding the child. These additional questions are</p>	<p>The committee has form JV-220 to include probation officer.</p> <p>This is a comment that is likely to have varying opinions and would need to circulate for public comment. The committee will discuss this comment when the rule is again circulated for public comment.</p>

W16-06

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))<sup>32</sup></i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	necessary to ensure that the court has as much relevant information about the child as possible before making the decision to grant or deny the application.	

<i>Proof of Notice: Application For Psychotropic Medication (form JV-221)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
Orange County Bar Association By Todd G. Friedland, President Newport Beach, CA	<ul style="list-style-type: none"> <li>JV-221: Item #1(a), following with box containing the statement “By depositing the required information and copies of JV-217-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address”. Consideration should be given to having the expressly identified forms including not only JV-217-INFO and JV-222 but, also, JV-220, JV-220 (A), and JV-220(B), given those forms were also provided. Alternatively, the statement could be revised as the statement in items #5, and #6: “By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address,” since the information of what documents were included/provided are listed in the box preceding the item #.</li> </ul>	The committee has revised the form consistent with this comment.
Orange County Social Services Agency/Children and Family Services By Maritza Partida, Policy Analyst Orange, CA	<ul style="list-style-type: none"> <li>JV-221: Item #1(a), following with box with the statement “By depositing the required information and copies of JV-217-INFO and JV-222 in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address,” should this statement list include JV-220, JV-220 (A), and JV-220(B) as well, given those forms were also provided? Or the statement could be revised as the statement in items #5, and #6: “By depositing copies in a sealed envelope in the United States mail, with first-class postage prepaid, to the last known address,” since the</li> </ul>	The committee has revised the form consistent with this comment.



W16-06

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b><i>Proof of Notice: Application For Psychotropic Medication (form JV-221)</i></b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	information of what documents were included/provided are listed in the box proceeding the item #. Item #7 presents in the same fashion as item #1 referenced in this bullet.	
Superior Court of San Diego County By Mike Roddy, Executive Officer San Diego, CA	JV-221, top line: should now be JV-217-INFO  JV-221: This form needs a complete overhaul so it is consistent throughout: use full form names or just numbers; semicolons or commas; “provided with” or just “provided”, etc. The old form provided for notice by telephone that an application was pending and then listed the two documents that had to be served by mail. Now many more documents need to be provided, so the list of documents in the mail service sections is incomplete and irrelevant. Also, there is no place in the caregiver section for the date notified. Finally, why are attorneys being served at the “last known” address?	The committee has revised the form consistent with this comment.  The committee will revise this form to improve readability after it has been reviewed by a plain language expert. This form has been copyedited and staff attempted to make all corrections. The committee apologizes if the form contains any inconsistencies.

W16-06

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Opposition to or Statement About Application For Psychotropic Medication (form JV-222)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	The Optional JV-222: We support the changes to allow individuals to oppose or provide other comments regarding the application for psychotropic medication. We recommend, to be consistent with the intent of the form, that the first paragraph of the form which provides background/information for those completing the form, to include a statement that this form can be completed if the individual does not agree, or if the individual wishes to submit a statement not in opposition, regarding medications.	The committee has revised this form consistent with this comment.
East Bay Children’s Law Offices By Roger Chan, Executive Director Oakland, CA	<ul style="list-style-type: none"> <li>Form JV-222</li> </ul> <p>We very strongly agree and appreciate the change in title to “Opposition to or Statement About...” There are many occasions where the child’s attorney has additional information for the court to consider, including the child’s statement about the medication, but is not necessarily opposed to the medication.</p> <p>Please provide more space to answer Questions 3 and 4 so that attachments will not always be necessary.</p>	<p>No response required.</p> <p>The committee has revised the form consistent with this comment.</p>
Orange County Bar Association by Todd G. Friedland, President Newport Beach, CA	<ul style="list-style-type: none"> <li>JV-222: The forms introductory paragraph is lacking a statement to instruct the respondent that the form may also be completed/used “to provide input to the court,” even if not in opposition of the recommendation for psychotropic medication. It is not until the back of the page that it mentions the other possible use of the form.</li> <li>JV-222: Item #5 refers to an “Attachment 5”. In order to clarify what “Attachment 5” is or shall be for the anticipated users of the form (including non-lawyers),</li> </ul>	<p>The committee has revised the form consistent with this comment.</p> <p>The committee has revised the form consistent with this comment.</p>

W16-06

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

All comments are verbatim unless indicated by an asterisk (\*).

<i>Opposition to or Statement About Application For Psychotropic Medication (form JV-222)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	please consider making this the reference: “included on an attachment on which the title ‘Attachment 5’ shall be written”.	
Orange County Social Services Agency/Children and Family Services by Maritza Partida, Policy Analyst Orange, CA	<ul style="list-style-type: none"> <li>• JV-222: The forms introductory paragraph is lacking a statement to instruct the respondent that the form may also be completed/used “to provide input to the court,” even if not in opposition of the recommendation for psychotropic medication. It is not until the back of the page that it mentions the other possible use of the form.</li> <li>• JV-222: Item #5 speaks of an “Attachment 5,” what or where is the attachment being referenced?</li> </ul>	<p>The committee has revised the form consistent with this comment.</p> <p>The committee has revised the form consistent with this comment.</p>

W16-06

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO)

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<b><i>Order Regarding Application for Psychotropic Medication (form JV-223)</i></b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
California Academy of Child & Adolescent Psychiatry By Robert P. Holloway, MD, President, Cal-ACAP and Kristen Barlow, CBHDA Executive Director	COMMENTS: JV 223 is a new form and has workload implication for county child welfare departments.	JV-223 is an existing form and it is used by the court to make orders regarding psychotropic medication.
County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	The Mandatory JV-223 Order Regarding Application for Psychotropic Medication: With respect to Question 3 we have questions/concerns. First, it is not clear what happens after 14 days if the application isn't re-submitted? And, there may be there may be circumstances where additional time is needed, beyond the 14 calendar day, to secure the information. The sudden starting, and stopping, of medication could be harmful to the child. We recommend that the Rule permit the Department to notify the Court if additional time is needed beyond 14 calendar days, the reason, and expected date for completion, and the court should automatically grant such exceptions unless rationale is not complete, is not adequate or is inappropriate.	Based on this comment and concerns from other commentators, the committee has removed the option to set temporary hearings from the rule. The committee has amended the rule to mandate that if the application is missing information, the court must order the applicant to provide the missing information and set a hearing on the application.
Youth Law Center by Cat McCulloch, Legal Fellow San Francisco, CA	Juvenile Delinquency Form JV-223 Finding # 3(c) should be deleted. In order for this form to fully and clearly conform to the law we suggest the following amendments: As stated above, we propose that applications should not be temporarily granted absent an emergency situation.	Based on concerns from other commentators, the committee has removed the option to set temporary hearings from the rule. The committee has amended the rule to mandate that if the application is missing information, the court must order the applicant to provide the missing information and set a hearing on the application.

W16-06

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Report Regarding Psychotropic Medication—County Staff (form JV-224)</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
California Academy of Child & Adolescent Psychiatry by Robert P. Holloway, MD, President, Cal-ACAP and Kristen Barlow, CBHDA Executive Director	COMMENTS: As has been noted, the JV-224 is a new form that has workload implications for county child welfare departments.	Completion of this form is necessary for the court to provide its newly mandated oversight of orders for psychotropic medication.
California Department of Social Services by Lori Fuller, Bureau Chief for Gregory Rose, Deputy Director, Child and Family Services Division Sacramento, CA	Additional Comments: <ul style="list-style-type: none"> <li>• Procedure When Request is Missing Information</li> </ul> <p>The CDSS has significant concerns regarding the proposed amendment to further amend rule 5640(c) to allow for a temporary order granting the application if all the required information is not included in the request for authorization and to revise Order Regarding Application for Psychotropic Medication (form JV-223) to include an order that the application is temporarily granted and that the department is ordered to resubmit the application with the missing information. Existing law allows for the immediate medical treatment of children in foster care prior to court authorization in emergency situations. Due to the significant impact these medications may have to the overall health and well-being of the youth, it does not appear to be in their best interest to begin a medication prior to receipt of a complete application package. The missing information may cause the court to make a different finding regarding the authorization thereby necessitating the discontinuance of the psychotropic medication for the child. The CDSS recommends the proposed amendments require a complete application be received within a period not to exceed seven days, prior to approval of the application.</p>	Based on this comment and concerns from other commentators, the committee has removed the option to set temporary hearings from the rule. The committee has amended the rule to mandate that if the application is missing information, the court must order the applicant to provide the missing information and set a hearing on the application.

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Report Regarding Psychotropic Medication—County Staff (form JV-224)</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
<p>County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA</p>	<p>JV 224 noted to be redundant given that JV 220's are required every 6 months.</p> <p>Changes noted to do little to improve the quality of care for our patients and noted to likely act as a barrier for physicians to care for foster youth.</p>	<p>The committee concluded that form JV-224 would be submitted for any progress reviews on medication. This will usually not be at the same time as the physician submits a form JV-220(A) or form JV-220(B) with a request to reauthorize or change medication. The questions on the JV-224 are necessary to ensure that the court can meet the mandates in the newly enacted code sections that the periodic oversight include the caregiver's and child's observations regarding the effectiveness of the medication and its side effects, information on medication management appointments and other follow-up appointments with medical practitioners, and information on the delivery of other mental health treatments.</p> <p>Most of the new questions on form JV-220(A) are mandated by SB 238 or already existed on the form in a series of questions that were separated into distinct items. The committee added two other questions that it believed were critical. The new questions on the proposed form that are not required by SB 238 are: "How long have you been treating the child?" and "In what capacity have you been treating the child (e.g. treating psychiatrist, treating pediatrician)?" The committee also made the medication administration schedule, which is currently on the form, mandatory rather than optional. To address the concerns that form JV-220(A) is too long, the committee split it into two forms, one for initial requests and one for a continuing request by the same physician, to decrease the length of the form for renewal requests. The committee removed items 3, 7, 8, 10, 12(c), 13-16, 19, and 24 and created a</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Report Regarding Psychotropic Medication—County Staff (form JV-224)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
		<p>new form <i>Prescribing Physician’s Statement, Request to Continue—Attachment</i> (form JV-220(B)) to decrease the amount of information and time needed to complete the form when the same physician is requesting a renewal of a medication previously authorized by the court. This would decrease the form from 6 to 4 pages.</p> <p>Additionally, the committee rewrote two questions (items 10 and 11) that, as circulated for comment, called for six narrative answers to now ask two yes or no questions, and two narrative questions. The committee also deleted the item regarding laboratory tests that, as circulated for public comment, took up approximately 1/3 of a page, and replaced it with a question regarding whether all relevant laboratory tests have been conducted and a request for a brief explanation if not.</p>
<p>Hon. Michael Nash (Ret.) Judge Superior Court of Los Angeles County</p>	<p>The Jv-224 is an outstanding addition to the process.</p> <p>It should contain information about the nature of the communication between the child and caregiver and the social worker or probation officer. How many times and how have they communicated since the last hearing? Has any relevant information been received from any other sources?</p>	<p>No response required.</p> <p>This is a comment that is likely to have varying opinions and would need to circulate for public comment. The committee will discuss this comment when the rule is again circulated for public comment.</p>
<p>National Center for Youth Law by Jackie Thu-Houng Wong Director of Government Relations</p>	<p>Revisions to Form JV-224. Section 8 of the proposed new form JV-224 asks the child welfare services caseworker or probation officer to report what the caregiver and child say about “the effectiveness of the medication.” However, the JV-220A requires that the physician “describe how the medication being prescribed is expected to improve the child’s symptoms.” The JV-219 contains questions about the child’s behavior at home and at school, the child’s interaction with peers, the</p>	<p>The committee has revised form JV-224 to include the question, “How have the child’s behaviors and/or symptoms changed since the medication was begun?”</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<i>Report Regarding Psychotropic Medication—County Staff (form JV-224)</i>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>child’s sleep patterns, the medications impact on the child’s learning, energy levels, and ability to concentrate. We suggest that in place of reporting generally about the “effectiveness of the medication,” that the caregiver and/or child be asked “How have the child’s behaviors and/or symptoms changed since the medication was begun (or changed)?”</p> <p>include also the specific areas addressed in the JV-219.</p> <p>Section 16. <b>Relevant laboratory tests.</b> Changing the reporting of lab tests from optional to mandatory on the form is a welcomed improvement. It reminds physicians of the importance of such follow up. <i>See, e.g., California Drug Utilization Review Board, Educational Bulletin: Improving the Quality of Care: Antipsychotic Use in Children and Adolescents</i> (Rev. August 2015)(Reporting that more than six in ten children and adolescents receiving antipsychotic medications paid for by Medi-Cal did not receive metabolic monitoring set forth in professional standards).<sup>33</sup></p> <p>We suggest amending this section to indicate whether any of the lab results were abnormal and what, if any, follow-up was completed.</p>	<p>This is a comment that is likely to have varying opinions and would need to circulate for public comment. The committee will discuss this comment when the rule is again circulated for public comment.</p> <p>No response required.</p> <p>Question 15 regarding relevant medical history asks for any recent abnormal laboratory test results.</p>

<sup>33</sup> Available at [http://files.medi-cal.ca.gov/pubsdoco/dur/articles/dured\\_23511.01.pdf](http://files.medi-cal.ca.gov/pubsdoco/dur/articles/dured_23511.01.pdf)



**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Report Regarding Psychotropic Medication—County Staff (form JV-224)</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
Public Counsel, Children’s Rights Project by Rachel Stein, Staff Attorney	<p>Use of new form JV-224 (Report Regarding Psychotropic Medication-County Staff) is mandatory for any psychotropic medication progress review hearing and each status review hearing.</p> <p>We have the same question as above- are JV-224 and JV-220(B) intended to be submitted simultaneously? If so, there is overlap between JV-224 and JV-220(B); questions #2 and #4 on JV-220(B) are duplicative of questions #8-13 on JV-224. JV-224 is more comprehensive than JV-220(B), so consider eliminating questions #2 and #4 on JV-220(B)</p> <p>Why does the address of the caregiver need to be on the form? Pursuant to WIC section 308(a) and certain local court rules (e.g., Cal. San Diego Cty. Super. Ct. Div. VI, R. 6.1.17 (2015)), this is confidential information that shall not be released to parties other than minor's attorney and DCFS prior to dispositional hearing, at which time it shall only be disclosed to parent and other parties after a showing of good cause. We suggest confirming this form will not be served on parent/guardian or tribe of Indian child, unless the requisite findings have been made.</p>	<p>The committee circulated a proposed form, <i>Social Worker and Probation Officer’s Attachment</i> (form JV-220(B)), that would have been submitted with the JV-220. To address several commentators concerns that requiring additional forms may result in delay if those forms are not completed, the committee no longer proposes this additional form. The committee has moved necessary questions from that proposed form into <i>Application for Psychotropic Medication</i> (form JV-220). Form JV-224 is for use at progress review hearings, after the medication has been ordered.</p> <p>The committee has removed the items asking for the caregiver’s name and address.</p>
Superior Court of San Diego County by Mike Roddy, Executive Officer San Diego, CA	JV-224, first paragraph: <u>for</u> any hearing (not at); scheduled progress <u>reviews</u> (not reports)	The committee has revised the form consistent with this comments.

W16-06

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<b>Report Regarding Psychotropic Medication—County Staff (form JV-224)</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
<p>Youth Law Center by Cat McCulloch, Legal Fellow San Francisco, CA</p>	<p>REQUEST FOR SPECIFIC COMMENTS: Indian Child’s Tribe. Notice to the tribe should not be conditioned upon the tribe’s intervention in the juvenile court proceeding. We agree with the advisory committee comment to Rule 5.481, which states: “As a matter of policy and best practice, culturally appropriate placements and services provide psychological benefit for the Indian child and family. By engaging the Indian child’s tribe, tribal members, Indian Health Services, or other agencies and organizations providing services to Native Americans, additional resources and culturally appropriate services are often identified to assist in case planning.”</p> <p>The Rule does not specify who within the tribe should receive copies of the Application and other documents. We recommend that the Rule follow Welf. &amp; Inst. Code §224.2 (a)(2) – “Notice to the tribe shall be to the tribal chairperson.”</p> <p>Notice. A copy of Prescribing Physician’s Statement— Attachment (form JV-220(A)) and Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B)) should be included with notice that an application to administer psychotropic medication is pending before the court. Providing the JV-220 to the parties who receive notice, will enable those parties to confirm or deny claims made in the JV-220. It may also provide useful insight for parties responsible for caring for the youth.</p>	<p>The committee no longer proposes providing tribes with a copy of <i>Prescribing Physician’s Statement— Attachment</i> (form JV-220(A)).</p> <p>The committee has amended the rule to indicate that notice to the tribe shall be to the tribal chairperson or designee, as in Welf. &amp; Inst. Code §224.2 (a)(2).</p>

W16-06

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<b>Does the proposal appropriately address the stated purpose?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
California Alliance of Child and Family Services by Carol Schroeder, MS Executive Director and Dave Neilsen, MSW Senior Policy Advocate	Yes. the proposal does address the stated goals as outlined in the introduction.	No response required.
California Department of Social Services by Lori Fuller, Bureau Chief for Gregory Rose, Deputy Director, Child and Family Services Division Sacramento, CA	Comment: The CDSS and DHCS agree that the proposed address the stated purpose and meets the intent of SB 238	No response required.
East Bay Children’s Law Offices By Roger Chan, Executive Director Oakland, CA	<p>These new procedures will hopefully reduce or eliminate any overusage of psychotropic medications on youth in foster care by increasing the amount of information provided to the juvenile court judge when deciding whether to authorize psychotropic medications. Particularly promising, other interested people including the caregiver, and most importantly the child, will now have the opportunity to provide input directly to the judge. The current system does not give them a direct voice, and is often too fragmented so that physicians and judges and lawyers do not have the full information needed to make such an important decision. Requiring more complete information to be provided to the juvenile court judge will allow better decision making and outcomes for youth.</p> <p>While the new rules and requirements may be perceived as creating additional hurdles to getting medication to children whose suffering could be alleviated by an appropriate medication, protecting the health and due process rights of the child affected should never be viewed as too burdensome. The new rules and requirements strike the right balance.</p>	<p>No response required.</p> <p>No response required.</p>

W16-06

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<b>Does the proposal appropriately address the stated purpose?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
Orange County Bar Association By Todd G. Friedland, President Newport Beach, CA	Yes	No response required.
Orange County Social Services Agency/Children and Family Services By Maritza Partida, Policy Analyst Orange, CA	Yes	No response required.
Public Counsel, Children’s Rights Project By Rachel Stein, Staff Attorney	Yes, with the caveats discussed in this letter.	No response required.
San Francisco Department of Public Health, Behavioral Health Services by Karen Finch, MD, Medical Director of Foster Care Mental Health Program	<p>From the Invitation to Comment bulletin, “SB 238 is a comprehensive bill that seeks to address the issues related to the administration of psychotropic drugs in the foster care system by requiring additional training, oversight, and data collection by caregivers, courts, counties, and social workers.”</p> <p>We agree that increased oversight of psychotropic medication use in foster youth is important. We appreciate how this proposal aims to increase the involvement of social workers, probation officers, caregivers, and tribes in the decision-making process around the treatment plan.</p> <p>While the increased complexity of the proposed process will likely decrease the risk of youth receiving inappropriate medication treatment, we have grave concerns that those youth who benefit from psychotropic medication intervention will be unable or delayed in receiving the treatment they need.</p>	<p>No response required.</p> <p>No response required.</p> <p>No response required.</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Should a copy of <i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i> and <i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> be included with notice that an application to administer psychotropic medication is pending before the court?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
<p>California Alliance of Child and Family Services by Carol Schroeder, MS Executive Director and Dave Neilsen, MSW Senior Policy Advocate</p>	<p>Concerns. The Judicial Council may desire to seek additional inputs from experts who manage mental health and substance use treatment records for children and parents of children under the jurisdiction of county departments. As modified currently, the JV 220 (A) would be more widely distributed. This may not be in the best interest of all children, given the many unknowns of family responses to reported issues contained within the JV 220(A). In some circumstances, the Prescribing Physician may include information regarding the medical history of parents, step parents and/or caregivers, and how that may relate to the proposed treatment plan for the child. With a wide distribution of interested parties in the authorization process, there may be multiple opportunities for these documents to be viewed and distributed by persons not authorized to do so. There may be incidences where parents have not, and do not want to share with other community members, their own previous mental health or substance use disorder treatment involvements. These same concerns may exist with foster youth, who would appreciate greater control over the distribution of their health records.</p>	<p>The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>.</p>
<p>California Department of Social Services by Lori Fuller, Bureau Chief for Gregory Rose, Deputy Director, Child and Family Services Division Sacramento, CA</p>	<p>Comment: The proposed amendment to Rules 5.640(c) requires that parents, caregivers, court appointed special advocates (CASA) and the Indian child’s tribe be served with a completed copy of the Prescribing Physician’s Statement-Attachment (FORM JV-220(A). While it is beneficial to provide these parties with sufficient information to allow them to participate and respond to the court authorization process for the administration of psychotropic medications to the child, the CDSS and DHCS are concerned that there may be situations in which the release of this information is not prudent. The JV-</p>	<p>The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>.</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Should a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)) and <i>Social Worker or Probation Officer’s Statement—Attachment</i> (form JV-220(B)) be included with notice that an application to administer psychotropic medication is pending before the court?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	<p>220(A) requests that the treating physician document significant details about the child’s complete medical history, background and treatment.</p> <p>The medical privacy laws that apply to entities like DHCS strongly discourage the broad sharing of sensitive data contemplated in the proposal. For example, except in very specific circumstances, the Health Insurance Portability and Accountability Act requires that a covered entity such as a doctor or insurer share only the minimum necessary medical information with an outside entity to accomplish a specific, authorized purpose (45 Code of Federal Regulations (CFR) section 164.502(b)).</p> <p>Caregivers, CASAs, biological parents, and Indian tribes will have varying degrees of responsibility for a child depending on the particular facts of each case, and it should be an inappropriate intrusion on the child’s privacy for the information to be automatically shared, especially if one or more of the entities has little involvement. For example, an Indian tribe that has not intervened in a child’s case may not have a conceivable need or use for the information contained within the JV-220 form. Additionally, special rules apply to medical information if it was obtained from a federally assisted drug or alcohol treatment program; in these instances, federal law may forbid an individual or entity from sharing such information without consent or a specific type of court order even if a Rule of Court requires it (42 CFR Part 2). Finally, there does not appear to be a benefit to automatic sharing that outweighs the child’s interest in privacy. The information may be shared with any of the listed individuals at the request of the</p>	<p>The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p> <p>The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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Should a copy of <i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i> and <i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> be included with notice that an application to administer psychotropic medication is pending before the court?		
Commentator	Comment	Committee Response
	<p>child or with his or her consent. It is not necessary to require the information to be shared in every instance in order to ensure that all appropriate parties receive as much information as they need to fulfill their responsibilities toward the child.</p> <p>At a minimum, any proposed amendments to the current authorization processes should allow an opportunity for the child to object to the release of these medical details to the aforementioned parties. Absent this opportunity, the parties could learn information about the child’s medical status that said child does not wish to be disclosed. For example, a biological parent who may have had little contact or interaction with the child for an extended period of time, may be provided with sensitive information regarding such as pregnancy or substance use. The CDSS and DHCS recommends that the proposed amendments provide a process by which the level of medical history provided to the parties be limited to only that which is relevant to the recommendation for the psychotropic medication be considered and which allow for the child’s objection to the release of specific information.</p>	<p>The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>.</p>
<p>County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA</p>	<p>Yes, So long as this does not violate other laws relating to the sharing of health-related information, we believe it would be helpful.</p>	<p>The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>.</p>
<p>East Bay Children’s Law Offices By Roger Chan, Executive Director Oakland, CA</p>	<p>No.</p> <p>Including a copy of the Prescribing Physician’s Statement to the parents is contrary to confidentiality laws protecting a foster</p>	<p>The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i>.</p>

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

All comments are verbatim unless indicated by an asterisk (\*).

Should a copy of <i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i> and <i>Social Worker or Probation Officer’s Statement—Attachment (form JV-220(B))</i> be included with notice that an application to administer psychotropic medication is pending before the court?		
Commentator	Comment	Committee Response
	<p>child’s mental health information. Civil Code §56.106, Health &amp; Safety Code §123116, and Welfare &amp; Inst. Code §5328.03 prevent psychotherapists, including psychiatrists as defined by Evidence Code §1010, from releasing a foster child’s mental health information to a parent from whom the child has been removed, unless the court has found that the release would not be detrimental to the child. Even looking beyond these code sections, EBCLO can find no statutory authority for this proposed violation of patient privacy.</p> <p>Although their parents’ actions or inactions were the reason for their lives to be enmeshed in the foster care system, many foster children nonetheless blame themselves. If they have fear, anxiety, anger, sadness or other strong emotions concerning their parents or about returning home, they may not want their parents to know. By requiring that parents receive a copy of the physician’s statement, form JV-220(a), the proposed changes in Rule 5.640(c)(9)(A)(iii) and (iv) would result in some children not communicating with their doctors about their emotional difficulties out of fear that their parents would learn many details of what should be a private patient and doctor conversation. Thus, these children would not receive appropriate treatment and would continue to suffer the effects of mental illness.</p>	
Orange County Bar Association by Todd G. Friedland, President Newport Beach, CA	Providing JV-220 (A) and JV-220 (B) to a parent/legal guardian may be in conflict with Senate Bill 1407 (Leno, 2012), which added Civil Code § 56.106, Health and Safety Code § 123116, and Welfare and Institutions Code § 5328.03. To protect a child’s mental health history a psychotherapist, as defined by Evidence Code § 1010, who knows that a child has	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment (form JV-220(A))</i> .



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**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Should a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)) and <i>Social Worker or Probation Officer’s Statement—Attachment</i> (form JV-220(B)) be included with notice that an application to administer psychotropic medication is pending before the court?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	been removed from the physical custody of his or her parent/legal guardian in dependency proceedings, is prohibited from releasing or disclosing the information in the mental health records of that child (patient) to the child’s parent/legal guardian.	
Orange County Social Services Agency/Children and Family Services by Maritza Partida, Policy Analyst Orange, CA	Has the Judicial Council taken into consideration the implications of providing JV-220 (A) and JV-220 (B) to a parent/legal guardian with regards to Senate Bill 1407 (Leno, 2012), which added Civil Code § 56.106, Health and Safety Code § 123116, and Welfare and Institutions Code § 5328.03? The added laws are intended to protect the child’s mental health information by prohibiting a psychotherapist, as defined by Evidence Code § 1010, who knows that a child has been removed from the physical custody of his or her parent/legal guardian in dependency proceedings, from releasing or disclosing the information in the mental health records of that child (patient) to the child’s parent/legal guardian.	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).
Public Counsel, Children’s Rights Project by Rachel Stein, Staff Attorney	No, for the reasons discussed in section I—providing the confidential mental health information contained in the forms to a parent/legal guardian or tribe of an Indian child may violate applicable laws.	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).
San Francisco Department of Public Health, Behavioral Health Services by Karen Finch, MD, Medical Director of Foster Care Mental Health Program	We agree with providing these copies assuming it makes clinical sense based on the youth’s relationship and rapport with caregiver or tribe.	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO)

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<b>If a copy of form JV-220(A) or form JV-220(B) is included with notice that an application to administer psychotropic medication is pending before the court, should they be provided to a tribe that has acknowledged the Indian child as a member of, or eligible for membership in, the tribe and to a tribe that has intervened in the juvenile court proceeding, or just to a tribe that has intervened in the juvenile court proceeding?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
California Alliance of Child and Family Services by Carol Schroeder, MS Executive Director and Dave Neilsen, MSW Senior Policy Advocate	The California Alliance defers to experts and representatives of tribal health and child welfare programs.	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician's Statement—Attachment</i> (form JV-220(A)).
California Department of Social Services by Lori Fuller, Bureau Chief for Gregory Rose, Deputy Director, Child and Family Services Division Sacramento, CA	See comment above.	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician's Statement—Attachment</i> (form JV-220(A)).
County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	Yes, as long as the sharing of such information does not violate other laws.	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician's Statement—Attachment</i> (form JV-220(A)).
Orange County Bar Association By Todd G. Friedland, President Newport Beach, CA	If provided to a parent then, it can be provided to a tribe.	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician's Statement—Attachment</i> (form JV-220(A)).
Orange County Social Services Agency/Children and Family Services by Maritza Partida, Policy Analyst Orange, CA	If the decision is made to provide the forms to the parents, there does not appear to be a reason why the forms should not also be submitted to the child's confirmed tribe whether the tribe.	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician's Statement—Attachment</i> (form JV-220(A)).
Public Counsel, Children's Rights Project by Rachel Stein, Staff Attorney	No, for the reasons discussed in section I—providing the confidential mental health information contained in the forms to tribe of an Indian child may violate applicable laws.	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician's Statement—Attachment</i> (form JV-220(A)).

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**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO)

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<b>If a copy of form JV-220(A) or form JV-220(B) is included with notice that an application to administer psychotropic medication is pending before the court, should they be provided to a tribe that has acknowledged the Indian child as a member of, or eligible for membership in, the tribe and to a tribe that has intervened in the juvenile court proceeding, or just to a tribe that has intervened in the juvenile court proceeding?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
San Francisco Department of Public Health, Behavioral Health Services by Karen Finch, MD, Medical Director of Foster Care Mental Health Program	We agree with providing the tribe copies if the tribe has intervened in the juvenile court proceeding, and if the child is at least 12 years of age and amenable to information sharing with the tribe.	The committee no longer proposes providing parents, caregivers, or tribes with a copy of <i>Prescribing Physician’s Statement—Attachment</i> (form JV-220(A)).

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<b>Should “caregiver” be defined rule 5.502, and if so, how?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
California Alliance of Child and Family Services by Carol Schroeder, MS Executive Director and Dave Neilsen, MSW Senior Policy Advocate	Yes. Given the many options that now present themselves to county departments, along with complex levels of parental participation and authority, it would likely benefit the courts to have a clear understanding of the range of caregivers that may be involved with children/youth who have been authorized by the court to have a psychotropic medication included in their treatment plan. The definition of caregiver should include all placement options currently used in state statute and regulation, and to be used within the next year as part of the AB 403 reforms, by the county placement agencies.	Many commentators thought a definition of caregiver was not necessary. The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.
California Department of Social Services by Lori Fuller, Bureau Chief for Gregory Rose, Deputy Director, Child and Family Services Division Sacramento, CA	Comment: The CDSS and DHCS believe “caregiver” should be defined as the individual or facility with whom the child is currently placed.	Many commentators thought a definition of caregiver was not necessary. The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.
County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	We do not feel it is necessary for this purpose.	Many commentators thought a definition of caregiver was not necessary. The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.
East Bay Children’s Law Offices By Roger Chan, Executive Director Oakland, CA	Yes.  Since “caregivers” are entitled to legal notice of highly confidential and sensitive information, it would be appropriate to define a “caregiver” as well as specify that this is the “current” caregiver. A similar definition exists in the notice	Many commentators thought a definition of caregiver was not necessary. The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.

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**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Should “caregiver” be defined rule 5.502, and if so, how?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	provisions for post-permanency review hearings: “The current caregiver of the child, including foster parents, relative caregivers, preadoptive parents, nonrelative extended family members, community care facility, or foster family agency having physical custody of the child ...” (Welfare & Institutions Code Section 295(a)(6)). However, given the sensitive nature of the notice, it would be helpful to specify and limit who at a group home or community care facility is entitled to such notice.	
Orange County Bar Association by Todd G. Friedland, President Newport Beach, CA	Not Necessary.	Many commentators thought a definition of caregiver was not necessary. The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.
Orange County Social Services Agency/Children and Family Services By Maritza Partida, Policy Analyst Orange, CA	Not Necessary	Many commentators thought a definition of caregiver was not necessary. The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.
Public Counsel, Children’s Rights Project by Rachel Stein, Staff Attorney	We agree with the recommendations that NCYL made in its response to the Invitation to Comment, which states that “[t]he list of 'caregivers' should include at least the child 's foster parent, relative caregiver, pre-adoptive parent, and nonrelative extended family member. The Rule also should include 'resource family' as a 'caregiver.’” NYCL further suggested that for children and youth placed in congregate care facilities,	Many commentators thought a definition of caregiver was not necessary. The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.

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<b>Should “caregiver” be defined rule 5.502, and if so, how?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	the Council may want to investigate further to determine who at the facility should be served with notice.	
San Francisco Department of Public Health, Behavioral Health Services by Karen Finch, MD, Medical Director of Foster Care Mental Health Program	Yes, we agree that “caregiver” should be defined. We agree with the definition of “caregiver” referring to an individual who on a day-to-day basis fulfills the youth’s physical and psychological needs. We also recommend consulting with the youth regarding their wishes around who provides this level of input since caregiver / youth relationships can vary widely in terms of trust and rapport.	Many commentators thought a definition of caregiver was not necessary. The committee has amended the rule to indicate that if a child is in a group home, a copy of the order must be provided to the group home administrator or designee as defined in California Code of Regulations, regulation 84064.

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Which is the best method for providing additional information when there is not enough space on the form? Should the forms request that an additional piece of paper with a title be attached as on proposed <i>Statement Regarding Psychotropic Medication</i> (form JV-219), should the forms indicate in the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed than the last page, attach a sheet or sheets of paper as on proposed <i>Report Regarding Psychotropic Medication—County Staff</i> (form JV-224), or is there a better method that is both user-friendly and will limit the number of attachments?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
California Alliance of Child and Family Services by Caroll Schroeder, MS Executive Director and Dave Neilsen, MSW Senior Policy Advocate	Needs further review. This area needs further review and discussion by the Judicial Council advisory panel. The “additional information” in terms of content/years in treatment will certainly vary from child to child, with some youth having many years of treatment records and educational records available for possible inclusion. This area could overwhelm both prescribers and court officers. It will take some clinical flexibility and expertise to include sufficient/critical information, while allowing other pieces of information to remain outside of the application process.	The committee has revised the forms to indicate in the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed than the last page, attach a sheet or sheets of paper.
California Department of Social Services by Lori Fuller, Bureau Chief for Gregory Rose, Deputy Director, Child and Family Services Division Sacramento, CA	The CDSS and DHCS agree with the methods proposed above for providing additional information beyond the space of the form.	The committee has revised the forms to indicate in the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed than the last page, attach a sheet or sheets of paper.
County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	We recommend additional attachments.	The committee has revised the forms to indicate in the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed than the last page, attach a sheet or sheets of paper.
East Bay Children’s Law Offices By Roger Chan, Executive Director Oakland, CA	As commented below, providing additional space for answers in some of the forms will likely reduce the number of attachments needed.	The committee has revised the forms to indicate in the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
	Separate pages for additional information on each question should not be required. Instead, respondents should be encouraged to use an attachment page for any and all information they would like to provide, using item numbers to identify each section.	than the last page, attach a sheet or sheets of paper.
Orange County Bar Association By Todd G. Friedland, President Newport Beach, CA	First proposed method/solution is for the document to be formatted to grow/expand based on the applicant’s/respondent’s need, when the documented is completed electronically. If this is not an option, then the latter of the two choices is preferred.	The committee has revised the forms to indicate in the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed than the last page, attach a sheet or sheets of paper.
Orange County Social Services Agency/Children and Family Services by Maritza Partida, Policy Analyst Orange, CA	First proposed method/solution is for the document to be formatted to grow/expand based on the applicant’s/respondent’s need, when completed electronically. If this is not an option, then the latter of the two choices is preferred: “indicate [on the form] the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed than the last page, attach a sheet or sheets of paper as on proposed <i>Report Regarding Psychotropic Medication—County Staff</i> (form JV-224).”	The committee has revised the forms to indicate in the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed than the last page, attach a sheet or sheets of paper.
Public Counsel, Children’s Rights Project by Rachel Stein, Staff Attorney	The proposed method makes sense; the forms should indicate that if extra space is needed, write the item number and additional information on the last page and if necessary attach extra sheets.	The committee has revised the forms to indicate in the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed



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<b>Which is the best method for providing additional information when there is not enough space on the form? Should the forms request that an additional piece of paper with a title be attached as on proposed <i>Statement Regarding Psychotropic Medication</i> (form JV-219), should the forms indicate in the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed than the last page, attach a sheet or sheets of paper as on proposed <i>Report Regarding Psychotropic Medication—County Staff</i> (form JV-224), or is there a better method that is both user-friendly and will limit the number of attachments?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
		than the last page, attach a sheet or sheets of paper.
<b>Should proposed <i>Statement Regarding Psychotropic Medication</i> (form JV-219) include, after each question, a check box and opportunity for the person filling out the form to indicate “I do not know”?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
California Alliance of Child and Family Services by Carol Schroeder, MS Executive Director and Dave Neilsen, MSW Senior Policy Advocate	Yes. The inclusion of “I do not know” may be helpful in assisting placement workers and the courts in identifying youth that need additional supports and collateral information gathered. It would allow the caregiver or parent an easy option in terms of a response, and relieve them of the pressure of having to respond to each question while being uncertain of the “right” answer.	The committee has revised form JV-219 and included an “I don’t know” option for almost every question.
California Department of Social Services by Lori Fuller, Bureau Chief for Gregory Rose, Deputy Director, Child and Family Services Division Sacramento, CA	Comment: As the JV-129 form is intended to be a mechanism to provide the court with information, the CDSS and DHCS do not believe it should include after each question a check box for the person filling out the form to indicate “I do not know”.	The committee has revised form JV-219 and included an “I don’t know” option for almost every question.
County Welfare Directors Association of California (CWDA) by Diana Boyer, Senior Policy Analyst Sacramento, CA	Yes, we support the inclusion of “I do not know”	The committee has revised form JV-219 and included an “I don’t know” option for almost every question.
East Bay Children’s Law Offices By Roger Chan, Executive Director Oakland, CA	No. An “I do not know” checkbox will encourage less thoughtful responses.	Almost all commentators supported the inclusion of an “I don’t know” box on the form. The committee has revised form JV-219 and included an “I don’t know” option for almost every question.

**Juvenile Law: Psychotropic Medication** (Amend Cal. Rules of Court, rule 5.640; approve forms JV-218, JV-219; adopt forms JV-220(B), JV-224; revise forms JV-220, JV- 220(A), JV-221, JV-223; revise form JV-219-INFO and renumber as JV-217-INFO

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<b>Which is the best method for providing additional information when there is not enough space on the form? Should the forms request that an additional piece of paper with a title be attached as on proposed <i>Statement Regarding Psychotropic Medication</i> (form JV-219), should the forms indicate in the instructions that if extra space is needed, for any of the items, write the item number and additional information on the last page of the form and if more space is needed than the last page, attach a sheet or sheets of paper as on proposed <i>Report Regarding Psychotropic Medication—County Staff</i> (form JV-224), or is there a better method that is both user-friendly and will limit the number of attachments?</b>		
<b>Commentator</b>	<b>Comment</b>	<b>Committee Response</b>
Orange County Bar Association by Todd G. Friedland, President Newport Beach, CA	Yes.	The committee has revised form JV-219 and included an “I don’t know” option for almost every question.
Orange County Social Services Agency/Children and Family Services by Maritza Partida, Policy Analyst Orange, CA	Yes	The committee has revised form JV-219 and included an “I don’t know” option for almost every question.
Public Counsel, Children’s Rights Project by Rachel Stein, Staff Attorney	Yes	The committee has revised form JV-219 and included an “I don’t know” option for almost every question.

<sup>i</sup> [http://www.aacap.org/aacap/Resources\\_for\\_Primary\\_Care/Workforce\\_Issues.aspx](http://www.aacap.org/aacap/Resources_for_Primary_Care/Workforce_Issues.aspx)

<sup>ii</sup> <http://www.bmj.com/content/348/bmj.g3596>

<sup>iii</sup> <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/ucm143565.htm>

<sup>iv</sup> <http://www.jaacap.com/article/S0890-8567%2810%2900082-1/pdf>