

Juvenile Law: Psychotropic Medication

Family and Juvenile Law
Advisory Committee

Hon. Jerilyn Borack, co-chair

Item 16-062

Consequences

- Suicide 3rd leading cause of death for 15-24yo
- 50% of students >age 14 who have mental illness drop out of high school



Office of the Inspector General

- Federal oversight
- 687 claims for second-generation antipsychotic medications during 2011
- California, Florida, Illinois, New York, Texas
 - 39% of Medicaid claims in 2011
 - 7 quality-of-care concerns reviewed



7 criteria related to quality-of-care concerns

- Too young 17%
- Taken too long 34%
- Wrong dose 23%
- Wrong treatment 41%
- Poor monitoring 53%
- Too many drugs 37%
- Side effects 7%



California Guidelines

- Statement of best practice for the treatment of children and youth in out of home care
- Basic principles and values
- Expectations regarding the development and monitoring of treatment plans; Principles for emotional and behavioral health care, psychosocial services, and non-pharmacological treatments;
- Principles for informed consent to medications; and
- Principles governing medication safety



Senate Bill 238

- Mitchell; Stats.2015. ch.534
- Required the Judicial Council to amend and adopt rules and forms in consultation with multiple stakeholders



SB 238 RuPro timeline

- Signed by governor October 8, 2015
- Public comment December 11, 2015-
January 22, 2016
- Stakeholder meeting February 29, 2016
- RuPro meeting Friday March 18, 2016



SB 238, 5 topic areas

- 1. Opportunity to provide input
 - Child, caregiver, and CASA
 - Created 2 new optional forms
 - Amended rule to allow input in easiest possible way



SB 238, 5 topic areas

- 2. Information regarding the child's overall mental health assessment and treatment plan, and information regarding the rationale for the proposed medication in the context of past and current treatment efforts must be provided to the court
 - Revised existing form used by physicians
 - Added information mandated in SB 238
 - Broke up compound questions



SB 238, 5 topic areas

- 3. Guidance provided to the court on how to evaluate, including how to proceed when all the required information is not included in the request
- Amended rule and revised Order form



SB 238, 5 topic areas

- 4. Periodic oversight by the court
 - Amended rule to require progress review at every status review hearing
 - Mandatory form for SW/PO to complete and file
 - Clarified in rule that child, caregiver, and CASA can provide input



SB 238, 5 topic areas

- 5. Copy of order to caregiver
 - Amended rule
 - Revised form so information important to caregiver is on last 2 pages



Public Comment Period

- 30 commentators, including individuals and organizations
 - 3 physician groups
 - 7 individual physicians
 - One group representing caregivers



Public comment period, cont'd

- CDSS
- CWDA
- NCYL
- Public Counsel, Children's Rights Project
- Youth Law Center
- East Bay Children's Law Office



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Public comment period, cont'd

- 1 large county bar association
- 1 large county social services agency
- 2 large county PHN department
- 1 large county Dpt. Public Health



Public comment period, cont'd

- State Bar of CA, Exec. Comm. of Family Law Section
- 3 large superior courts
- 1 FFA
- 1 retired judge



Public comment for this meeting

Committee recommends clerical and clarifying amendments

- Amend rule 5.640(c)(2)(B) to clarify that if a hearing is set on the application, forms JV-218 and JV-219 may be filed at any time before, or at, the hearing.
- Amend rule 5.640(h)(2) to clarify that a copy of the order must be provided to the caregiver within two court days



Comment for this meeting, cont'd

Committee recommends clerical and clarifying revisions

- Revise form JV-220 to add SW/PO signature to page 1, with instructions to complete remainder of form
- Revise form JV-220(A) to correct typographical error at item 11 to replace “nonpharmacological” with “pharmacological”



Questions/Comments



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