

**JUDICIAL COUNCIL OF CALIFORNIA  
ADMINISTRATIVE OFFICE OF THE COURTS**

455 Golden Gate Avenue  
San Francisco, California 94102-3688

**Report**

TO: Members of the Judicial Council

FROM: Family and Juvenile Advisory Committee  
Hon. Mary Ann Grilli and Hon. Susan D. Huguenor, Co-Chairs  
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DATE: August 16, 2004

SUBJECT: Juvenile Law: Psychotropic Medication Forms (revise Judicial Council form JV-220, *Application and Order for Authorization to Administer Psychotropic Medication—Juvenile*, and form JV-220A, *Opposition to Application for Order for Authorization to Administer Psychotropic Medication—Juvenile.*) (Action Required.)

Issue Statement

During the three years that Judicial Council forms JV-220 and JV-220A have been in use, judicial officers, attorneys, court clerks, physicians and representatives from county departments of social services and probation departments suggested revisions to the forms in order to reduce delays in administering psychotropic medications resulting from the implementation of rule 1432.5 of the California Rules of Court.

Recommendation

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective January 1, 2005, revise form JV-220, *Application and Order for Authorization to Administer Psychotropic Medication—Juvenile*, and form JV-220A, *Opposition to Application for Authorization to Administer Order for Psychotropic Medication—Juvenile*, to assist the court in making a timely decision regarding the administration of psychotropic medication for a dependent child who has been removed from a parent's physical custody and to make the form easier to read, understand, and complete.

The texts of the revised forms are attached at pages 6–12.

### Rationale for Recommendation

The Family and Juvenile Law Advisory Committee convened a working group composed of social workers, attorneys, mental health clinicians, public health professionals, and physicians to evaluate the current forms and suggest improvements. The committee considered the working group's suggestions and proposes revisions to form JV-220 to reorganize the form into four sections, format requested information in checklists and a chart, clarify whether the application is made during an emergency situation and is an original request or a request to extend the order authorizing the administration of psychotropic medication, eliminate unnecessary requests for information, request information the court needs to make a decision, and correct technical and typographical errors. The committee also recommends that form JV-220 and form JV-220A be renamed respectively, *Application and Order for Authorization to Administer Psychotropic Medication—Juvenile* and *Opposition to Application for Order for Authorization to Administer Psychotropic Medication—Juvenile*.

In form JV-220, questions are grouped in four sections and new headings describe the source of the information requested, so the form is easier to complete. Questions 1–4 are to be completed by the applicant; questions 5–12 are to be completed by, or with information provided by, the prescribing physician; questions 13–16 are to be completed by the consulting physician; and questions 17–20 are to be completed by the social worker or juvenile probation officer.

The chart in item 8 will make it easier for the applicant to list all past, current, and new psychotropic medications, the targeted symptoms the new medication is intended to relieve, the minimum and maximum daily dose of each medication, and the anticipated treatment duration. Check boxes have been added to the form to make it easier to complete. Item 6 includes 10 check boxes listing common mental disorders from the *Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV)*. Items 17 and 18 include check boxes for the social worker or probation officer to report the parties' positions on the proposed course of psychotropic medication and to report compliance with notice requirements.

The committee recommends clarifying form JV-220 so that the court can tell whether the application is an original request or a request to extend the order authorizing the administration of psychotropic medication. Boxes are added in the caption requesting this information. Additionally, to avoid confusion in an emergency situation for a dependent or ward, form JV-220 explains that if there is an emergency, psychotropic medication may be administered, but court authorization must be obtained and the emergency described in order to continue the child's psychotropic medication.

The committee recommends deleting requested information on form JV-220 that is not required by statute or rule or not absolutely necessary for the court to make its decision: the removal date; the dependency or delinquency status of the child; the physician's e-mail address; and the child's psychiatric history, including evaluations.

The committee recommends adding the following information on JV-220 that would aid the court in its decision-making process: the child's height; the anticipated frequency of follow-up visits with the prescribing physician; the treatment plan of "milieu therapy"; and the date and time attorneys were informed of the application.

The section relating to questions 5–12 would be clarified to show that it could be completed by, or with information provided by, the prescribing physician and that in an emergency situation, psychotropic medication may be prescribed and administered to a dependent child pending court order. To prevent a break in the continuity of a child's psychotropic medication, the committee proposes the addition of language to the order clarifying that when a child's placement changes, a new order is not required and that the order extends to all physicians treating the child.

#### Alternative Actions Considered

The proposed changes are necessary to reduce the perceived delays in administering psychotropic medication resulting from the implementation of rule 1432.5, and for this reason, no other alternatives were considered.

#### Comments From Interested Parties

The invitation to comment on the proposal was circulated from April 5, 2004, through June 4, 2004, to the standard mailing list for family and juvenile law proposals. This distribution list includes judges, court administrators, physicians, attorneys, social workers, probation officers, mediators, and other family and juvenile law professionals. It was also distributed to the regular rules and forms mailing list.

Eleven commentators responded. Three commentators agreed with the revisions as originally proposed. Eight commentators agreed with the proposal if modified and suggested both substantive and technical changes. No commentators disagreed.

All of the comments relating to form JV-220A suggested typographical changes, and these have been made. The comments to form JV-220 have been grouped into categories relating to the overall form and its different sections and are addressed below.

#### *General Comments*

One commentator was concerned that form JV-220 did not provide guidance to the court on how to conduct the hearing. However, rules 1432 and 1432.5 of the California Rules of Court do provide an outline of how to conduct the hearing while allowing local flexibility.

One commentator praised the form for use in dependency cases but felt that the committee should draft a shorter version for delinquency cases, because, he noted, most requests are made in emergency situations. The committee disagreed, citing the problem that too many youngsters in juvenile hall are inappropriately given psychotropic

medication. Defining all requests for psychotropic medication for children in juvenile hall, as emergencies would perpetuate this problem.

One commentator criticized the form for causing delays, because she erroneously thought it called for a physician to complete item 8. Another commentator felt that the form would not be utilized in his county because it was too difficult to complete. However, the committee's working group, which included two representatives from his county, disagreed, concluding the revised form was much easier to understand and complete.

Several commentators found different parts of the form confusing, not understanding where the requested information might be found. In response, the form has been reorganized and headings added to reflect the source of the requested information.

#### *Questions 1–4*

One commentator suggested deleting the child's weight and height, though they are clinically important. He was concerned the application might be denied if the information were not provided. The committee decided that whatever information would be available to the parent should be given to the court, and that this information could significantly affect the course and dosage of psychotropic medication for a child.

Another commentator suggested deleting the child's placement information as unnecessary, but the committee felt that it could affect the course of psychotropic medication, specifically its duration and monitoring.

#### *Questions 5–12*

Most of the comments concerned this section of the form and related to the determination whether the inclusion of certain information was necessary for the court to make its decision.

The committee agreed with the commentators' suggestions to delete the following requested information as it was not required by statute or rule or not absolutely necessary for the court to make a determination: item 5b, the physician's e-mail address; item 10b, "the administration of the requested psychotropic medications will require the following adjustments to the current regimen of medications (*specify any discontinuances or changes in dosage*)" (deemed unnecessary because the information would be reflected in item 8); and item 9, "medication is approved for pediatric use" (deemed misleading because 90 percent of psychotropic medications are not approved for pediatric use).

The committee agreed with the commentators' suggestions to add the following requested information in item 5e, as it would aid the court in its decision-making process: "Anticipated frequency of follow-up visits with the prescribing physician."

Commentators suggested deletion of certain requests for information as they appeared to be irrelevant or unnecessary, but the committee decided to retain them because the

information would have been available to the parent and will assist the court in its decision-making. The following information is still requested on the form: psychotropic medication history, including clinical evaluation dates; doctor's specialty; and the caregiver's position with respect to the application for psychotropic medication. One commentator proposed not listing medications in item 8 when the court could rely on the medication history on file. The committee disagreed because the parties would not have access to the information, and therefore their due process rights would be compromised.

The committee decided to delete other items because the information requested could be included in another item of the form. This was true for the "classification" of a particular medication, which could be provided in item 7, "relevant medical history."

#### *Questions 13–16*

One commentator suggested deleting the physician reviewer's signature because the physician need not be the applicant. Although the applicant is not necessarily the physician, rule 1432.5(c)(1) states: "If possible, the physician recommending that the medication be administered to the dependent should sign the application."

#### *Questions 17–20*

One commentator suggested that the word "fax" in item number 18 might not work in all counties, where notice may have been provided in some other fashion. The word "fax" has been replaced by the word "informed."

Another commentator felt that the social worker could not comply with the due process requirements of the form, because it requires the social worker to obtain informed consent by providing information about the medication's risks and benefits, an area she felt was outside the scope of social work practice. The form does require the applicant, who may be the social worker, to advise the parties of the medication's risks and benefits, this could be accomplished by attaching a physician's report.

The comments and the committee responses are summarized in the chart attached at pages 13–26.

#### Implementation Requirements and Costs

Implementation of the proposal will not result in any additional costs.

The text of Welfare and Institutions Code section 369.5 is attached at page 27.

Rule 1432.5 of the California Rules of Court is attached at pages 28–31.

Attachments



CHILD'S NAME: _____	CASE NUMBER: _____
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**QUESTIONS 5–12 TO BE COMPLETED BY, OR WITH INFORMATION PROVIDED BY, PRESCRIBING PHYSICIAN**

*(No psychotropic medications for dependents and wards can be authorized in the absence of court authorization except in an emergency situation as defined by Welf. & Inst. Code, § 369(d).)*

5. a. Name of prescribing physician:  
 b. Address of prescribing physician:  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 c. Medical specialty of prescribing physician:  
 Child/adolescent psychiatry  General psychiatry  
 Other: \_\_\_\_\_  Family practice/GP  Pediatrics  
 d. Date of most recent face-to-face clinical visit:  
 Face-to-face clinical visit conducted by (*name*): \_\_\_\_\_  
 e. Anticipated frequency of follow-up visits with the prescribing physician:  
 f.  If this application is made during an emergency situation, describe emergency circumstances that allowed for temporary administration pending judicial order:

6. The child has been diagnosed with the following disorders:

- |  |  |
|--|--|
| a. <input type="checkbox"/> Adjustment Disorder                                      | g. <input type="checkbox"/> Intermittent Explosive Disorder                |
| b. <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder                 | h. <input type="checkbox"/> Oppositional Defiant Disorder/Conduct Disorder |
| c. <input type="checkbox"/> Autism/Other Pervasive Developmental Disorder            | i. <input type="checkbox"/> Posttraumatic Stress Disorder                  |
| d. <input type="checkbox"/> Bipolar Disorder   | j. <input type="checkbox"/> Schizophrenia/Other Psychotic Disorder         |
| e. <input type="checkbox"/> Depressive Disorder With Psychotic Features              | k. <input type="checkbox"/> Other:   |
| f. <input type="checkbox"/> Dysthymic/Depressive Disorder Without Psychotic Features |  |

Continued on Attachment 6.

7. Relevant medical history (*describe, specifying all current nonpsychotropic medications*):

Continued on Attachment 7.

CHILD'S NAME: _____	CASE NUMBER:
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8. List all psychotropic medications:

a. Medications to Rx: <i>NAME</i> ( <i>GENERIC OR BRANDS</i> )	<i>MIN.</i> <i>DAILY DOSE</i>	<i>MAX.</i> <i>DAILY DOSE</i>	<i>TARGET SYMPTOMS</i> <i>TO BE ADDRESSED</i>	<i>ANTICIPATED</i> <i>TREATMENT</i> <i>DURATION</i>
b. Medications to continue: <i>NAME</i> ( <i>GENERIC OR BRANDS</i> )	<i>MIN.</i> <i>DAILY DOSE</i>	<i>MAX.</i> <i>DAILY DOSE</i>	<i>TARGET SYMPTOMS</i> <i>TO BE ADDRESSED</i>	<i>ANTICIPATED</i> <i>TREATMENT</i> <i>DURATION</i>

CHILD'S NAME:  _____	CASE NUMBER:  _____
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8. (Continued)

c. Past Psychotropic medications  <i>NAME (GENERIC OR BRANDS)</i>	<i>MIN. DAILY DOSE</i>	<i>MAX. DAILY DOSE</i>

Continued on Attachment 8.

9. For 8b. and 8c., answer the following:

- a. Are there viable alternatives to administering psychotropic medications?  Yes  No
- b. If yes, what are those alternatives?
  
- c. Have they been tried?  Yes  No
- d. If yes, what was the response to the alternative treatments?
  
- e. If the alternative treatments were not tried, explain why:

Continued on Attachment 9.

10. Significant adverse reactions, warnings/contraindications, drug interactions (including those with continuing medications listed in item 8), and withdrawal symptoms for each recommended medication are included

- a.  in a narrative (*Attachment 9a*).
- b.  in a document provided by manufacturer or health-care provider or county mental health entity (*Attachment 10b*).

11. Other treatment plans for the child relevant to the medication regimen include  group therapy  milieu therapy  individual therapy  other (*explain*):

Continued on Attachment 11.

12. a.  The child has been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions. The child's response was  agreeable  resistant.  
(*Child's own written statement may be attached.*)

Continued on Attachment 12a.

b.  The child has not been informed of this request because the child is too young and/or lacks the capacity to provide a response.

13. The child's present caregiver has been informed of this request, the recommended medications, their anticipated benefits, and their possible adverse reactions. The caregiver's response was  agreeable  resistant.

Date: \_\_\_\_\_  Continued on Attachment 13.

\_\_\_\_\_  
(TYPE OR PRINT NAME) ▶ \_\_\_\_\_  
(SIGNATURE OF PRESCRIBING PHYSICIAN)

CHILD'S NAME:  _____	CASE NUMBER:  _____
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**QUESTIONS 13–16 TO BE COMPLETED BY CONSULTANT PHYSICIAN — APPLICATION REVIEW**

14. A physician consulting to the court  has  has not reviewed this application.
15.  Consulting physician review is not required in this county.
16. a.  The consulting physician recommends court authorization of requested medications.  
 b.  The consulting physician does not agree and requests further information.

(TYPE OR PRINT NAME)		(SIGNATURE OF CONSULTING PHYSICIAN)
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17. Comments of consulting physician (*if any*):

**QUESTIONS 17–20 TO BE COMPLETED BY SOCIAL WORKER OR JUVENILE PROBATION OFFICER**

18. a. The following people have been informed of this request, the medications that are recommended, their anticipated benefits, and possible adverse reactions and provided with form JV-220A, *Opposition to Application for Order for Authorization to Administer Psychotropic Medication—Juvenile*.

- (1)  Parent (*name*):  
 (2)  Statutorily presumed parent (*name*):  
 (3)  Other parent (*name*):  
 (4)  Legal guardian (*name*):

b. The responses were as follows:

	Does not oppose	Opposes/ requests hearing	Requests more information	No response
(1) <input type="checkbox"/> Parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) <input type="checkbox"/> Statutorily presumed parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) <input type="checkbox"/> Other parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) <input type="checkbox"/> Legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on Attachment 18b.

- c.  No notice to the parents or legal guardians is required because parental rights have been terminated.
- d.  Parent/guardian (*name*): \_\_\_\_\_ has not been informed because whereabouts are unknown.
- e.  Parent/guardian (*name*): \_\_\_\_\_ has not been informed because (*state reasons*): \_\_\_\_\_

19. All attorneys of record have been informed of this request (*date/time informed*): \_\_\_\_\_ and have been given two court days to respond.

	Does not oppose	Opposes/ Requests hearing	Requests more information	No response
a. <input type="checkbox"/> Attorney for child:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <input type="checkbox"/> Attorney for parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <input type="checkbox"/> Attorney for statutorily presumed parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> Attorney for other parent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <input type="checkbox"/> Attorney for legal guardian:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD'S NAME:  	CASE NUMBER:  
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20.  Other professionals who were informed and consulted (*state names and professional relationship to the case*):

21.  Other information or comments:

Continued on Attachment 21.

Date:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF SOCIAL WORKER OR JUVENILE PROBATION OFFICER)
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Telephone No.:	Fax No.:	E-mail:
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**ORDER**

22.  The matter is set for hearing within five court days on (*date*): \_\_\_\_\_ at (*time*): \_\_\_\_\_  
in department:

23. The application for authorization to administer psychotropic medications is

- a.  granted as requested.
- b.  denied (*specify reason for denial*):

c.  granted, with the following modifications or conditions (*specify*):

24.  The court finds that the parent poses no danger to the child and has the capacity to authorize the administration of psychotropic medications, and that the request for such authority is granted

- a.  as requested.
- b.  with the following modifications:

25. This order for authorization is effective until terminated or modified by court order or until 180 days from this order, whichever is earlier. If the prescribing physician named above is no longer treating the child, the authorization may extend to physicians who subsequently treat the child. Except in an emergency situation, an increase in the dosage beyond the approved maximum daily dosage or a change in or the addition of other medications requires the treating physician to submit a new application. A change in the child's placement does not require a new order for psychotropic medication, and a child's course of court-ordered psychotropic medication must remain in effect until the order expires or is terminated or modified by further order of the court.

26.  The notice requirements have been met.

27.  The notice requirements have NOT been met. Proper notice was not given to:

28. Number of pages attached: \_\_\_\_\_

Date:	JUDICIAL OFFICER OF THE JUVENILE COURT
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**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
(revise forms JV-220 and JV-220A)**

	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
1.	Dr. Ross Andelman, M.D. Chief Psychiatrist, Children’s Services, Contra Costa Mental Health	AM	N	<p>1. Item 2 includes information on the child’s weight and height. Although clinically important, this information plays little role in this process and only provides an excuse to deny the application, if left blank. Please leave these off the application.</p> <p>2. Item 5b includes the physician’s e-mail address. This is not useful because e-mail is not an approved mode of communication under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). A physician may be fined under HIPPA for noncompliance or infractions regardless of specific injury.</p> <p>3. The chart in item 8 would be more useful if the column of new and continuing medications was highlighted by underlining the word “continuing.”</p> <p>4. Item 10.b. is redundant to the information collected by the chart in item 8.</p> <p>5. Because all children should be monitored closely whenever starting a course of psychotropic medication the “anticipated frequency of follow-up visits with the prescribing physician” should</p>	<p>1. The Family and Juvenile Law Advisory Committee (Committee) felt strongly that information regarding the child’s weight and height is information that a parent giving consent would naturally be aware of, and therefore is important for a court contemplating a request for psychotropic medication.</p> <p>2. Agree to delete e-mail address.</p> <p>3. Agree to highlight new and current medications by creating a separate section.</p> <p>4. Item 10b is included in order to bring to the court’s attention any issues regarding discontinued medications.</p> <p>5. Agree to add language in item 5e to capture anticipated frequency of follow-up visits with the prescribing physician.</p>

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
(revise forms JV-220 and JV-220A)**

	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
				be added to the form.	
2.	Hon. Brian John Back Supervising Judge, Juvenile Court Superior Court of California, County of Ventura	AM		<ol style="list-style-type: none"> <li>1. The form is geared primarily for dependency cases, and there is confusion regarding its usage in delinquency cases, specifically in emergency situations.</li>   <li>2. Virtually all of the requests for children in juvenile hall are emergency situations. Suggest streamlining the form for delinquency cases and permitting administration of psychotropic medication for children in juvenile hall as meeting the definition of emergency in all cases.</li> </ol>	<ol style="list-style-type: none"> <li>1. Agree to modify form to reference emergency definition in the context of dependency and delinquency cases. Given that there has been no legislation defining “emergency” in delinquency cases, the council does not have authority to define the term in delinquency cases.</li>   <li>2. The legislation, rule, and form were the result of concern that children under the jurisdiction of the juvenile court (both dependents and delinquents) were inappropriately being treated with psychotropic medications. The court needs the same information for delinquents as it does for dependents to exercise its oversight authority in the administration of psychotropic medication. Treating all delinquency cases where the children are in juvenile hall as meeting the definition of “emergency” goes against the case-by case nature of juvenile court decision making and undermines the role of independent judicial oversight of the agency.</li> </ol>

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
(revise forms JV-220 and JV-220A)**

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
				<p>3. Agree that deleting “medication is approved for pediatric use” would improve the chances that children will be appropriately treated since few psychotropic medications have been approved for pediatric use. This underscores the lack of education about psychotropic medications for children. Recommend the development of a uniform “cheat sheet” identifying the many medications, dosage levels, regardless of whether there has been an FDA guideline or manufacturers’ guideline established.</p> <p>4. Does the form require the application to be reviewed in items 13 and 14? Recommend the language be revised to read more like item 16 since the reality is that courts will likely not be able to have the application reviewed by another physician.</p> <p>5. The notice provisions in items 17 and 18 present serious issues where the child is in custody and a shorter, more streamlined version of the form would be more suitable in these cases.</p>	<p>3. Agree to delete reference to medications approved for pediatric use. More than 90 percent of psychotropic medications have not been approved for pediatric (under 13) use. In treating children, psychiatrists have to assess the appropriateness of the medication and may use a continuum of medications already approved for adult and adolescent use but not yet approved for the treatment of children. The Committee will consider developing such a “cheat sheet”.</p> <p>4. Agree to clarify that physician review applies only if the county has such a review process.</p> <p>5. When a child is in custody, the parents or legal guardians retain certain due process rights. If parental rights have not been terminated, a parent should receive notice regarding an application for an order regarding psychotropic medications. Where other circumstances apply, they may be explained to the court by item 17e,</p>

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
(revise forms JV-220 and JV-220A)**

	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
					“parent/guardian (name): has not been informed because (state reasons).”
3.	Hon. Barbara J. Beck Presiding Judge, Juvenile Court Superior Court of California, County of Santa Barbara	A	N	Need to make spelling correction on page 1 of proposal New JV-220. Error is circled. I truly applaud this effort. Approving these medications is always very troubling and the more information the better.	The spelling correction has been addressed.
4.	Al DeRanieri San Francisco Department of Public Health	AM	N	Item 9. When there is a physician reviewer who is familiar with the medications to be prescribed, can another box be added stating medication information is on file? This would alleviate needing to send so much redundant information to the physician reviewer.	Not all of the parties who are provided a copy of the form will have access to this information, e.g., attorneys of record or parents.
5.	Hon. John E. Dobroth Judge Superior Court of California, County of Ventura	A	N	This may cause hearings to be set without guidance as to conduct.	The Committee felt that rules 1432 and 1432.5 provide an outline regarding conduct of a hearing on an application for an order for psychotropic medication while allowing flexibility in individual cases.
6.	Pamela Doerr Public Health Nurse Marin County Child Protective Services	AM		<ol style="list-style-type: none"> <li>1. Request placement of items 5–9 and the physician’s signature on one page in order to make it possible to fax one page to the psychiatrist.</li> <li>2. Items 10–12 can be completed by the social worker.</li> </ol>	<ol style="list-style-type: none"> <li>1. Insufficient space on one page to include all the information requested in items 5–9.</li> <li>2. Agree to revise the form to clarify that items 5–12 are to be completed by, or with information provided by, the prescribing physician.</li> </ol>

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
(revise forms JV-220 and JV-220A)**

	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
				<p>3. Items 13–16 are confusing as it is difficult to tell who should complete these items.</p> <p>4. Item 8 could be two to three lines, with instructions to make a second copy if necessary, and range of dosage is preferable to maximum dosage.</p> <p>5. Item 8 should be revised in favor of more common terminology: “medications to: continue, discontinue, and new Rx”; this revision would make 10(b) redundant.</p> <p>6. Item 6(i) should read Post Traumatic.</p>	<p>3. Agree to revise the form to include heading to clarify that items 13–16 are to be completed by the consulting physician, if there is one.</p> <p>4. Committee felt that all medications should be provided in one place with specifics as to dosage, rather than a range, given the statutory directive that the court oversee the administration of psychotropic medication to dependents.</p> <p>5. Agree to revise the form to include common terminology.</p> <p>6. Typographical correction has been made.</p>
7.	Dr. George Fouras, Medical Director, The Foster Care Mental Health Program, Dept. of Public Health, City and County of San Francisco	AM	N	<p>1. Regarding item 3, how is a child’s placement relevant to medications being requested? Will this affect that decision? Suggest deletion.</p> <p>2. Item 5c relating to the doctor’s specialization is</p>	<p>1. The Committee felt that the environment in which the medications are to be administered is an important consideration, given the time it takes for a course of psychotropic medication to become effective, and the necessity that such medication be taken as prescribed.</p> <p>2. and 3. The Committee felt that the</p>

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(revise forms JV-220 and JV-220A)**

	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
				<p>not relevant and should be deleted.</p> <p>3. Item 5d is also not relevant. The date of the last visit, and who that visit was made by, should not impact the decision to make or deny an order. Under the Business and Professions Code, a prescribing doctor is legally responsible for appropriate evaluation and care of a patient.</p> <p>4. Item 7 is redundant to the information collected in the chart in item 8.</p> <p>5. Item 9, for counties such as San Francisco, Los Angeles, and Contra Costa that have an M.D. consultant reviewing these requests, it is the reviewer’s job to know risks, benefits, and interactions, and advise the judge accordingly. Suggest adding a box 9.c. to read, “to be reviewed by court M.D. consultant (no attachments required).</p> <p>6. Item 12 is not relevant because neither the child nor his or her caregiver have a legal right to contest the administration of medications. A parent, legal guardian, or attorney could file a dissent if there was a disagreement.</p>	<p>court would benefit from having the same information a parent would have in order to make a decision regarding psychotropic medication. A parent would know the doctor’s specialization and the child’s medical appointments. Such information would assist the court in making its decision.</p> <p>4. Item 7 is designed to collect information on nonpsychotropic medications that may influence the decision regarding the psychotropic medication being requested.</p> <p>5. Not all of the parties who are provided a copy of the form will have access to this information, e.g., attorneys of record or parents.</p> <p>6. It is important that the court be aware that the child’s present caregiver has been informed of the proposed course of treatment, and of the caregiver’s opinion of the proposed treatment.</p>
8.	Chellie Gates	AM		1. Opposes court authorization of psychotropic	1. and 2. The statewide mandatory form

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
(revise forms JV-220 and JV-220A)**

	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
	Program Manager Glenn County Human Resource Agency			<p>medication for court dependents because believes it results in delay of proper medical treatment and jeopardizes the agency attorney position of best interests.</p> <p>2. The form will result in more delays because a physician must complete question 8 or the county must provide a psychiatrist reviewer.</p> <p>3. The check boxes aide in the completion of the form.</p>	<p>contains the minimum information needed for the court to reach an informed decision on the administration of psychotropic medication. Statute and rule require court oversight. Social workers are responsible for the care, custody, and control of children under the jurisdiction of the juvenile court and have the duty through their attorneys to recommend what is in the best interests of dependent children. The court’s oversight role does not change the agency attorney’s role to advocate for best interests. The consulting physician reviewer questions are only for those courts that have such a reviewer.</p> <p>3. No response required.</p>
9.	Richard L. Haeussler Attorney Orange County	AM		Los Angeles County continues to use its own form because JV-220 is too difficult to use. It can take up to 30 – 60 days to obtain an order. Suggest obtaining input from California Youth Authority medical personnel and management in order to better meet the needs of children at California Youth Authority.	The Committee convened a working group composed of social workers, attorneys, mental health clinicians, public health professionals, and physicians before making its recommendations. William Arroyo, M.D. and Lisa Mandel, attorney, represented Los Angeles County and raised concerns that were addressed by the working group. The Committee will seek input from California Youth Authority for future revisions to the form.
10.	Dr. Emily Harris, M.D. Psychiatric Service, CAARE	AM	N	1. Item 4b is confusing. Presumably, it relates to children who remain dependents of the court but	1. Under Welfare and Institution Code section 369.5, once a child has been

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
(revise forms JV-220 and JV-220A)**

	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
	Diagnostic and Treatment Center, UC Davis Children’s Hospital			<p>are placed with a parent or guardian. We have been instructed that biological parents, regardless of dependency status, may give consent for psychotropic medication. If item 4b is completed, does the rest of the form need to be completed? If the caregiver submits a “Caregiver” authorization affidavit, does this supersede the need for court authorization?</p> <p>2. The classification of the medication and its alternatives is not helpful to the court. The classification of the medication is more informative than the name of the medication, and the inclusion of alternatives offers the treating psychiatrist the option to switch medications within the same classifications based on side effects, response, etc., without having to return to court. For example, the SSRI antidepressants (Prozac, Celexa, Lexapro) share risks and benefits and are likely to target similar symptoms.</p>	<p>made a dependent and removed from the physical custody of the parent, only a juvenile court judicial officer has authority to make orders regarding the administration of psychotropic medication to the child. Where a dependent child has not been removed from physical custody, the parent may give consent. If item 4b has been completed and the court has issued a specific order delegating authority to the parent, the rest of the form does not need to be completed. A “caregiver” authorization affidavit does not supersede the need for a court order where the child is a dependent and has been removed from the parent’s physical custody.</p> <p>2. Agree that information regarding the classification of the medication is important and can be provided in item 7, under “relevant medical history.” Because information regarding the classification of a medication is not expressly required by Welfare and Institution Code section 369.5 or rule 1432.5 it has not been included in the revised form.</p>

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
(revise forms JV-220 and JV-220A)**

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				<p>3. It seems that inclusion of past medications may be cumbersome and distracting to the court.</p> <p>4. Can the form be formatted to include information that does not change, and to facilitate completion, e.g. the name and address of the person prescribing the medication?</p>	<p>3. Information on past medications would be available to a child’s parent or caregiver when giving consent for a course of psychotropic medication, and therefore the Committee felt that a court making an order regarding psychotropic medication should have this information as well.</p> <p>4. There will be a “fillable” version of the form available that will allow it to include repetitive information.</p>
11.	Linda Henderson Director Human Services Agency Children and Family Services Ventura County	AM	Yes	The social worker cannot answer questions 17–20 because they require providing informed consent to the parties and knowledge about the risks/benefits of the medication, which is outside the scope of social work practice.	Due process requires that the parties be notified of the applicant’s request for an order authorizing psychotropic medication, and such responsibility is typically that of the petitioning agency. Concerns that the social worker is acting outside the scope of social work practice can be alleviated by the social worker provide attachments from the physician regarding the risks/benefits of the proposed medication.
12.	Cheryl Kanatzar Court Program Manager Superior Court of California County of Ventura	AM		There are two typographical errors. In the section, “Questions 5–12...”, the words “dependent” and “emergency” are misspelled.	The typographical errors have been corrected.
13.	Dawn Lewis Policy and Program Support	A		1. Include headings that identify who should complete questions 1–4 and 13–16.	1. Agree to add headings.

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
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	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
	Child Welfare Services San Diego County			<p>2. Require that prescribing physicians complete questions 5–12, as social workers are not medical providers and do not have this information.</p> <p>3. Items 17d and e are duplicative.</p> <p>4. Add applicant signature lines for social worker/probation officer and minor’s attorney.</p> <p>5. JV-220A should read “I, ....oppose the order or the application for the order.”</p>	<p>2. In some counties, the physician completes this section, while in others, the social worker/probation officer completes the section. The Committee felt that leaving the question open provided for flexibility and local discretion.</p> <p>3. Notice may not be possible for reasons other than that the whereabouts of the parent are unknown. Item 17e is intended to cover other reasons.</p> <p>4. Signature line for social worker/probation officer is provided after item 20. Minor’s attorney is not required by statute to sign the form.</p> <p>5. JV-220A is the Opposition to Application for Order. It is not intended for a party to oppose the order.</p>
14.	Stephen V. Love Executive Officer Superior Court of California County of San Diego	A		Suggested technical changes of punctuation.	All suggested changes have been made.
15.	Christina Nyikes	A			

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
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	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
	Supervising Probation Officer, San Diego County Probation Department				
16.	Nicette Short California Alliance of Children and Family Services	AM	Y	<ol style="list-style-type: none"> <li>1. The “signature of prescribing physician” line that follows Item 12 should be deleted because the physician does not have to complete the form. As stated on the form, the physician only has to supply the information and can have the form completed by another. Having the signature line implies that even if the physician only supplies the information, the form has to be returned to the physician for signature before it is submitted to the court. This will unnecessarily add administrative complexity, delay authorization, and result in significant adverse consequences for children. If the signature line is retained, it should be clear that this is an optional signature or that it is signed by the person completing the form.</li> <li>2. Item 24 should clarify that, even while the physician continues to treat the child, other physicians, such as those in inpatient psychiatric hospitals, who treat the child are also covered by the authorization.</li> <li>3. Items 10a and 10b should be reversed as 10b flows directly from Items 8 and 9.</li> <li>4. Item 14 is unclear, and should be rewritten to state, “Consulting physician review is not</li> </ol>	<ol style="list-style-type: none"> <li>1. Rule 1432.5(c)(1) states: “If possible, the physician recommending that the medication be administered to the dependent should sign the application. The social worker may act as applicant and sign the application, with an attachment or notation identifying the physician who is requesting the authorization.”</li> <li>2. Agree to clarify that the court’s authorization covers all treating physicians.</li> <li>3. Deleted 10b in favor of including the information requested in item 10b in item 8.</li> <li>4. Agree to add clarifying language.</li> </ol>

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
(revise forms JV-220 and JV-220A)**

	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
				<p>required in this county.”</p> <p>5. Section 2, Items 5–12. The Council may want to consider making the section to be completed by the treating physician or with information from the treating physician a separate attachment to the form. This would allow this section to be completed several times for multiple medication requests without having to complete an entire new JV-220 for each medication.</p>	<p>5. There will be a “fillable” version of the form available that will allow it to include repetitive information.</p>
17.	Carol Sittig San Bernardino County Health and Human Services	AM	Y	<p>1. The chart in item 8 is confusing. Having the doctor list the past medications with a “P” may not be clear enough if the doctor mixes the past, current and new medications with those medications the child is no longer taking or is being discontinued from. Current and new medications should be listed first to avoid this confusion.</p> <p>2. Regarding item 17c, which provides that “no notice is required because parental rights have been terminated.” What if parental rights have not been terminated, but the parents are no longer a party to the case because the plan is long-term foster care or legal guardianship?</p> <p>3. Item 18 asks for a fax date and time for notifying</p>	<p>1. Agree to simplify the chart in item 8 so that new and current medications are listed first.</p> <p>2. If parental rights have not been terminated, a parent should receive notice regarding an application for an order regarding psychotropic medications. Where other circumstances apply, they may be explained to the court by item 17e, “parent/guardian (name): has not been informed because (state reasons).”</p> <p>3. Agree to replace the word “faxed” with</p>

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
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	<b>Commentator</b>	<b>Position</b>	<b>Comment on behalf of group?</b>	<b>Comment</b>	<b>Committee Response</b>
				<p>attorneys. Our county notifies attorneys by e-mail. Rule 1432.5 does not indicate what type of notice is required, therefore the “fax” in item 18 may be confusing or incorrect.</p> <p>4. Rule 1432.5(c)(1) states that the social worker “may” sign the application, but the physician “should” sign the application. The “applicant” must notice the attorneys of record. Does this mean that if the physician signs the application that the physician must provide notice? We are sure the physicians in this county would not do this.</p>	<p>“informed.”</p> <p>4. Requiring the physician to sign the form does not affect the local court’s notice procedures.</p>
18.	Mary Anne Stoeber Social Services Practitioner Department of Children’s Services Program Development Division San Bernardino County	AM		<p>1. Add box for juvenile court department.</p> <p>2. Add name of group home or foster family agency.</p> <p>3. Add information on the physician’s board certification.</p> <p>4. Add current dosage information.</p> <p>5. In notice section, add attorney’s name and date notice was provided.</p> <p>6. Add section for baseline tests and required follow-up tests.</p>	<p>1. Not all courts have departments, and none of the council juvenile forms include such boxes.</p> <p>2. to 6. The committee decided not to include information that was not required by statute or rule or was not absolutely necessary for the court’s decision-making process.</p>

**SPR04-29**

**Juvenile Law: Application and Order for Authorization to Administer Psychotropic Medication—Juvenile  
(revise forms JV-220 and JV-220A)**

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
				<p>7. Add date of birth, height, and weight of child.</p> <p>8. Item 10b should follow item 9.</p> <p>9. Questions 1–4 and 17–20 should be grouped together in one section so that the social worker or probation officer can go to one section to complete the form.</p>	<p>7. Agree to add child’s birth, height, and weight.</p> <p>8. Item 10b was deleted as the information can now be found in item 8.</p> <p>9. These questions are in two separate sections because the applicant completes questions 1–4, and because the applicant is not necessarily the social worker or probation officer.</p>

**Welfare and Institution Code**  
**Section 369.5**

369.5. (a) If a child is adjudged a dependent child of the court under Section 300 and the child has been removed from the physical custody of the parent under Section 361, only a juvenile court judicial officer shall have authority to make orders regarding the administration of psychotropic medications for that child. The juvenile court may issue a specific order delegating this authority to a parent upon making findings on the record that the parent poses no danger to the child and has the capacity to authorize psychotropic medications. Court authorization for the administration of psychotropic medication shall be based on a request from a physician, indicating the reasons for the request, a description of the child's diagnosis and behavior, the expected results of the medication, and a description of any side effects of the medication. On or before July 1, 2000, the Judicial Council shall adopt rules of court and develop appropriate forms for implementation of this section.

(b) Psychotropic medication or psychotropic drugs are those medications administered for the purpose of affecting the central nervous system to treat psychiatric disorders or illnesses. These medications include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.

(c) Nothing in this section is intended to supersede local court rules regarding a minor's right to participate in mental health decisions.

## Rule 1432.5. Psychotropic medications

- (a) **[Definition (§ 369.5)]** For the purposes of this rule, “psychotropic medication” means those medications prescribed to affect the central nervous system to treat psychiatric disorders or illnesses. They may include, but are not limited to, anxiolytic agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psychostimulants.
- (b) **[Authorization to administer (§ 369.5)]** Once a child is declared a dependent child of the court and is removed from the custody of the parents or guardian, only a juvenile court judicial officer is authorized to make orders regarding the administration of psychotropic medication to the child.
- (c) **[Procedure to obtain authorization]** An application must be completed and presented to the court, using Judicial Council Form JV-220, *Application for Order for Psychotropic Medication—Juvenile*.
  - (1) If possible, the physician recommending that the medication be administered to the dependent should sign the application. The social worker may act as applicant and sign the application, with an attachment or notation identifying the physician who is requesting the authorization.
  - (2) The application shall include all of the following:
    - (A) The diagnosis of the child’s condition that the physician asserts can be treated through the administration of the medication.
    - (B) The specific medication recommended, with the recommended dosage and anticipated length of time this course of treatment will continue.
    - (C) The anticipated benefits to the child of the use of the medication.
    - (D) A description of possible side effects of the medication.
    - (E) A list of any other medications, prescription or otherwise, that the child is currently taking, and a description of any effect

these medications may produce in combination with the psychotropic medication.

- (F) A description of any other treatment plans for the child that are relevant to the medication regimen (e.g., discontinuing or reducing presently prescribed medications; group or individual therapy).
  - (G) A statement that the child has been informed of the recommended course of treatment, the bases for it, and its possible results. The child's response must be included.
  - (H) A statement that the child's parents or guardian also has been informed as in subdivision (G), or a statement describing efforts to inform the parents. The response of any parent or guardian must be included.
- (3) The applicant must notice the attorneys of record and the parties to the proceeding prior to the submission of the application and make available a copy of Judicial Council Form JV-220A, *Opposition to Application for Order for Psychotropic Medication—Juvenile*, to those receiving notice.
  - (4) Any attorney or party who opposes the application must within two court days of notice of application (1) file a statement of opposition and (2) notice all parties and attorneys of record of the opposition.
  - (5) If a party or attorney requests additional information before agreeing to or opposing the application, the request shall be noted on the application, and the court may delay its decision to grant, deny, or set the matter for a hearing until the party or attorney is provided with the additional information and communicates to the social worker their consent, opposition, or a request for a hearing. The social worker shall then resubmit the application to the court, noting the response of the party or attorney.
  - (6) The court may grant the application without a hearing or may set the matter for hearing at the court's discretion. If the court sets the matter for a hearing, it is the obligation of the opposing party to notice all other parties at least two court days prior to the hearing.

- (d) **[Conduct of hearing]** At the hearing on the application, the procedures described in rule 1432 shall be followed. The court may deny, grant, or modify the application for authorization and may set a date for review of the child's progress and condition.
- (e) **[Delegation of authority (§ 369.5)]** After consideration of the application and attachments and a review of the case file, the court may order that the parent be authorized to approve or deny the administration of psychotropic medication. The order must be based on the following findings, which must be included in the order: (1) the parent poses no danger to the child, and (2) the parent has the capacity to understand the request and the information provided and to authorize the administration of psychotropic medication to the child, consistent with the best interest of the child.
- (f) **[Continued treatment]** If the court grants the request or modifies and then grants the request, the order for authorization is effective until terminated or modified by court order or until 180 days from the order, whichever is earlier. If a progress review is set, it may be by an appearance hearing or a report to the court and parties and attorneys, at the discretion of the court.
- (g) **[Emergency treatment]** In emergency situations, psychotropic medications may be administered to a dependent with or without court authorization or court delegation of authority to a parent in accordance with Welfare and Institutions Code section 369.
- (h) **[Local forms]** The Judicial Council form *Application for Order for Psychotropic Medication—Juvenile (JV-220)* and *Opposition to Application for Order for Psychotropic Medication—Juvenile (JV-220A)* must be filed with the court. Additional information may be provided to the court through the use of local forms that are consistent with this rule.

(Subd (h) amended effective January 1, 2003.)

- (i) **[§§ 601-602 wardships; local rules]** A local rule of court may be adopted providing that authorization for the administration of such medication to a child declared a ward of the court under sections 601 and 602 and removed from the custody of the parent or guardian may be similarly restricted to the juvenile court. If the local court adopts such a local rule, then the procedures under this rule apply; any reference to social worker also applies to probation officer.

*Rule 1432.5 amended effective January 1, 2003; adopted effective January 1, 2001.*

**Drafter's Notes**

**2001**—Rule 1432.5 provides procedures to implement Welfare and Institutions Code section 369.5, which gives the juvenile court sole authority and responsibility for making orders regarding the administration of psychotropic medication to abused and neglected children who have been removed from the custody of their parents. The rule (along with related Forms JV-220 and JV-220A) provides court procedures for authorizing the administration of psychotropic medications to children and specifies the information that must be provided to assist the judicial officer in deciding whether to issue an order authorizing administration of such medications. This information includes the child's diagnosis, the specific medication recommended, the anticipated benefits of using the medication, and possible side effects. In emergency situations, a dependent child may be administered psychotropic medication without a court order in accordance with Welfare and Institutions Code section 369(c).

The new rule and forms address a child's need for psychotropic medication that arises after the child has been declared a dependent. They do not apply to psychotropic medication that was prescribed to a child before the court took jurisdiction over that child. The filing of a new petition does not interrupt the administration of a child's current course of medication.