

Psychotropic Medication
for Children and Youth in Foster Care and Out-of-Home Placements
Abbreviations and Jargon on JV 220s

Judge Charles Smiley III:

Hello and thank you for joining me. My name is Judge Charles Smiley. I am currently the assistant presiding judge in Alameda County. I was also the former presiding judge for juvenile courts.

In this online course, the focus is on identifying and understanding some of the most frequently used abbreviations on JV 220 forms. With valuable insight and assistance provided by Dr. Kathleen West, this webinar offers information to assist the court and those stakeholders who are involved with the process of reviewing JV 220s to authorize a request for the administration of psychotropic medications for children and youth in out-of-home placements to better understand the information presented on these forms.

In May of 2019, I covered the background and legislative history behind the process we refer to as “JV-220s,” when the court is asked to authorize the administration of psychotropic medication to children and youth.

In the webinar: Multidisciplinary Overview of Psychotropic Medication for Children and Youth in Foster Care and Out-of-Home Placements, the goal was to provide a general overview of psychotropic medication applications and authorization process in California. The broad roles and responsibilities of stakeholders involved in this court process were covered through presentations from a public health nurse, children’s attorney, and an attorney for parents. I addressed the oversight role of the judge in the psychotropic medications for children and youth in out-of-home placement authorization process.

This earlier webinar can be found on the Caldog website shown:

<https://cadedependencyonlineguide.info/>

Currently in California, a request for the administration of psychotropic medications for a child or youth in out-of-home placement must be made by application to the court using the Judicial Council JV 220 form. Rule of Court 5.640 covers the application and authorization process in detail as well the definition of psychotropic medication.

The JV 220 is routinely completed by a social worker or a probation officer. But it may also be completed by the prescribing physician, their staff, or child’s caregiver. While the JV 220 itself is comprised of four pages, once it is combined with the appropriate

required attachments of either the JV 220A or JV 220B, the entire application is six or more pages.

On these pages are a great deal of information intended to provide a sufficient basis about the child and the requested psychotropic medication for the court to make an informed decision whether to grant the request for administration of psychotropic medications. Abbreviations and shorthand are often used to convey valuable information by those completing the JV 220s forms, as well as on attachments.

The judge has a significant oversight role in this process, ensuring that all of the required documentation and support of the request is provided and thoroughly reviewing that information to decide whether psychotropic medication is indicated. Once an application for psychotropic medication is approved, continued regular progress reviews must be held by the court.

Extensive information about the continuing progress of the child on the prescribed psychotropic medications including, but not limited to, descriptions of the child's mental health, information on other mental health treatments, the child's behavior, symptoms as well as their thoughts and opinions on the prescribed medications is required by the JV 224 form. JV 224 forms must be completed and filed by the county prior to every review hearing.

The judge is not expected to be an expert in psychotropic medications. But a working familiarity and understanding of the meaning behind the most frequently used shorthand and jargon used by physicians, their staff, and others is helpful and necessary in fully interpreting the information provided.

Here are the most frequently used abbreviations employed in making a diagnosis of children and youth. Some of these are abbreviations that directly correspond to diagnoses found in the DSM V, Diagnostic and Statistical Manual, Fifth Edition.

The abbreviations you see listed here include the most common diagnoses of children and youth for which requests for psychotropic medication are made, such as ADHD, Attention Deficit Hyperactivity Disorder; MDD, Major Depressive Disorder; and GAD, Generalized Anxiety Disorder.

These abbreviations for diagnoses will most often be found on the JV 220A as part of the answers to questions #12, #13, and #20. On the JV 220B form, answers to questions #6, #9, and #10 will often include these abbreviations. These may also be found on the JV 224.

Also included here are abbreviations for diagnoses that are less common and may not require psychotropic medication, such as FAS, or Fetal Alcohol Syndrome; mTBI, Mild Traumatic Brain Injury; and T1D, Type 1 Diabetes. These are often used to describe a relevant part of a child's medical history and are needed to offer a more complete picture of a child's overall health and well-being.

Psychotropic medications are not the first line of treatment for mental health, they are not to be used alone, meant to be curative, or to be used for behavioral control. Psychotropic medications can be helpful when used as part of a larger treatment plan and should be prescribed with the child's safety, overall interests, medical history, and risks in mind.

Currently, these are some of the most commonly prescribed psychotropic medications for children and youth, along with the treatment purpose. Again, you see the common abbreviations of GAD, ADHD, and MDD being the most treated with psychotropic medications.

Shorthand is also frequently used in providing dosing information to the court. This chart here shows abbreviations used in relation to dosing and medication. These are most often found on the JV 220A answers to questions #19 and #20, as well on the JV 220B questions #16 and #17, and on the JV 224.

California currently provides prescribing standards of psychotropic medications use by age group, which represents the current state of best practices and incorporates current evidence-based support. These standards are intended to ensure that children and youth being prescribed psychotropic medications receive the minimum number of medications necessary in the lowest therapeutic doses and for the appropriate age.

Understanding dosing-related shorthand can help with keeping an eye out for red flags such as when high dosages are prescribed to children, there appears to be long-term use without attempts to taper off, or a when a child is prescribed two or more medications in any class.

It is the intent of the prescribing guidelines to minimize incidences of inappropriate prescribing, overuse, underuse, inappropriate use, and to reduce exposure of children and youth to medication intervention that simply may not be appropriate. Dosing guidelines are offered for children and youth up to age 18.

Often referred to as "Appendix A" these guidelines are from the California Foster Care Quality Improvement Project, Appendix A. This offers California guidelines on the number of psychotropic medications by class and in total that may be prescribed in different age groups. An excerpt from Appendix A here shows that children between the

ages of 0-5 should be prescribed no more than one psychotropic medication. And that youth between the ages of 12-17 should not be prescribed more than three psychotropic medications concurrently

Finally, there are numerous frequently used shorthand notations that are used by physicians and other medical staff. Seen often on JV 220s and on accompanying attachments are abbreviations such as: H&P meaning history and physical; RTI meaning response to treatment intervention; and DTS, danger to self. These notations are a shorthand also used by treatment providers and other professionals that provide important information about a child's mental and physical well-being to the court. Being versed in their use and meaning can save time and is certainly informative to those faced with reviewing JV220s.

The information presented today is intended to assist the court and stakeholders with an increased understanding of the information one may find presented on the JV 220s. The abbreviation information shown today along with additional information on JV 220s are available as standalone charts accompanying this webinar.

Thank you for listening.