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EXECUTIVE DIRECTOR
Frank Mecca, CWDA

April 22, 2015

The Honorable Hannah-Beth Jackson Chair, Senate Judiciary Committee Room 2032, State Capitol Sacramento, CA 95814

Dear Senator Jackson:

Re: SB 238 (Mitchell) As Amended April 7, 2015 - CO-SPONSOR

The County Welfare Directors Association of California (CWDA) is pleased to be a CO-SPONSOR of SB 238 by Senator Mitchell, which will enable county social workers and other key parties to provide more comprehensive oversight for children in the child welfare system who are prescribed psychotropic medications.

Recent reports indicating that psychotropic medications are over-prescribed in the child welfare system have prompted a needed look at the procedures by which those medications are authorized and overseen. The children we serve have experienced severe trauma that often warrants behavioral health services such as trauma-informed therapy and other targeted treatments. We believe it is appropriate for some children to receive medication, when thoughtfully prescribed as part of an overall treatment plan that includes non-pharmacological interventions, as well. With those medications, however, must come oversight to ensure that the treatment plan is in place and that children are responding well to the authorized medications.

With this in mind, SB 238 focuses on four key areas:

- 1) The development by the California Department of Social Services and California Department of Health Care Services of monthly data reports, matching authorization and pharmacy dispensing data with child welfare services records, that is to be shared with county child welfare agencies. In turn, the counties will share each child's data with the parties serving him or her through the process including the court, the child's attorney and the child's court appointed special advocate if one has been provided.
- 2) Use of a system that triggers an alert to the county child welfare agency when potentially dangerous interactions could occur with other prescribed medications or when a psychotropic medication or the prescribed dosage is not indicated for a child (or a child of that age). As with the data provided, the counties would then advise the other parties serving the child that an alert has been received, and work to follow up the alert and report to the court what the resolution is.
- 3) Updates to the court authorization process and related forms to provide opportunities for key stakeholders, including the child for whom medication is being prescribed, to provide information and feedback and to provide details on the overall behavioral health treatment plan for the child.

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4) Training for physicians, child welfare social workers, foster children, caregivers, attorneys and judges regarding psychotropic medication and accessing other behavioral health services for these children.

We are not seeking the authority for county staff, attorneys or judges to take the place of the trained medical professionals who serve our children. Rather, we want to arm these other practitioners with the necessary tools and training to ask the right questions and probe further when psychotropic medications are prescribed and when potentially harmful interactions could occur.

This bill represents a critical piece of the response to this important issue. For these reasons, we are pleased to CO-SPONSOR SB 238, along with the National Center for Youth Law.

Sincerely,

Frank Mecca Executive Director

cc: The Honorable Holly Mitchell

Honorable Members, Senate Judiciary Committee

Nichole Rapier, Committee Consultant Mike Petersen, Republican Consultant

Donna Campbell, Office of Governor Jerry Brown

Patricia Huston, Department of Social Services

Farrah McDaid-Ting, CSAC

County Caucus