

Summary of Psychotropic Medication Work Group Planning

From: Pizzini, Sylvia@CHHS

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Subject: Summary of 10/18 conference call and Pizzini, Sylvia@CHHS <Sylvia.Pizzini@chhs.ca.gov> suggestions for next steps: Child Welfare Council/CDSYT Committee's Work Group on Psychotropic Medications

Hello Members of the CDSTY / Work Group on Psychotropic Medications,

Many thanks for the great discussion last week. Summary of main points:

- Psychotropic medications should be considered as one part of the larger issue of mental health services for youth in foster care and youth with an open child welfare case.
- Provider capacity – In addition to data on psychiatrists, we need data on LCSWs and other qualified providers in order to fully assess capacity. Also, Patrick notes that about 78% of providers are in the private sector and 12% are county employees.
- Evidence-Based Behavioral Health Intervention Alternatives – More information is needed regarding which evidence-based services result in better outcomes for which clients.
- POS data – Performance outcome data need to be analyzed to determine nature and extent of which subpopulations are benefitting, or not benefitting, from Specialty Mental Health Services.
- Work Group members agreed with the following assessment of the current problem: The State and Counties are not stepping up to address the need; payers are the driver of services, not the number of providers or foster youth who need mental health services; and there are known waiting lists.
- Therefore, we should focus on how mental health funding is spent, or not spent.
- Data are lacking regarding youth who are referred for services and told they do not meet “medical necessity” criteria.
- Some providers continue to serve youth without reimbursement after they have maxed out the number of allowable hours of service.

A discussion of the role of the Work Group resulted in the conclusion that we should focus on the “big picture” and need more information on effective ways to improve access to and quality of services. the following suggestions for next steps were identified:

1. Reach out to Bruce Chorpita, UCLA Professor (<https://www.psych.ucla.edu/faculty/page/chorpita>) who runs a research lab (<http://www.childfirst.ucla.edu/>) and invite him to speak to the Council and/or the CDSYT Committee on issues related to effective services (Patrick offered to follow up).
2. Look at the use of Therapeutic Behavioral Services (TBS) offered under the Katie A. Settlement, to youth in foster care as well as youth with an open child welfare case.
3. Engage the County Behavioral Health Directors Association (CBHDA) in a project that focuses on data analysis and resources related to meeting mental health needs of youth in foster care and youth with an open child welfare case; this effort should be in alignment with Katie A. Settlement and Continuum of Care Reform implementation.
4. Explore the possibility of securing a University “home” for children’s mental health data, using the UC Berkeley Child Welfare Indicators Project as a model, perhaps at UC Davis or UCLA. (Note Penny Knapp, M.D., Professor of Psychiatry, University of California, Davis, M.I.N.D. Institute could possibly advise on this suggestion.

Please let me know (1) if you have additions or corrections to my notes; and (2) your thoughts about how to proceed with next steps given everyone’s busy schedules.

Thanks,
Sylvia

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