

April 1, 2015

The Honorable Mitch McConnell
United States Senate Majority Leader
S-230 The Capitol
Washington D.C. 20510

The Honorable Harry Reid
United States Senate Minority Leader
S-221, US Capitol
Washington, DC 20510

Dear Majority Leader McConnell and Minority Leader Reid:

As representatives of organizations committed to improving the health and wellbeing of our nation's children and families, we are writing to urge your support for a new and important initiative outlined in the Administration's 2016 budget. This five-year collaborative demonstration, involving the Administration for Children and Families (ACF) and Centers for Medicare and Medicaid Services (CMS), is designed to encourage states and tribes to provide evidence-based psychosocial interventions to children and youth in foster care and to reduce the inappropriate use and over-prescription of psychotropic medications for this population.

We appreciate the recent attention that Congress has brought to this important issue in the form of oversight hearings and request for governmental reviews of state practice. We believe that the proposed demonstration builds on recent Congressional efforts, and if implemented, will lead to improved outcomes for vulnerable children with behavioral health challenges and children exposed to trauma – often resulting from child abuse and neglect.

The joint proposal put forth by ACF and CMS will help coordinate efforts to build state and tribal capacity within child welfare and health care systems to more appropriately address the high rates of children who may be unnecessarily receiving psychotropic medications, often several at one time, even as few receive appropriate outpatient mental health services. The project will encourage the utilization of effective evidence-based therapeutic interventions, including therapeutic foster care, intensive in-home and community-based approaches, Multisystemic Therapy, and mobile response and stabilization services.

State prescribing practices received considerable attention in 2011 with the release of a Government Accountability Office (GAO) report¹, which reviewed medication utilization under the Medicaid program. The report found that 20-39 percent of children in state foster care received prescriptions for psychotropic medication in 2008, compared with only 5-10 percent of children on Medicaid not in foster care. More alarming, the report also found that children in state foster care are prescribed dosages at far higher rates than their peers served by Medicaid, and often in amounts that exceed guidelines issued by the Federal Food and Drug Administration (FDA). GAO's findings are supported by a large number of recent studies. As a follow up to GAO's report, in 2011, the Senate Homeland Security and Governmental Affairs Committee also held a hearing on this issue. Additionally, just last May 2014, the House Ways and Means Human Resources Subcommittee held a hearing to explore how the federal government can continue to work with States to improve oversight of prescribed medications and ensure youth in foster care receive appropriate care to meet their needs.

¹ U.S. Government Accountability Office. (2011, December) Foster Children: HHS Guidance Could Help States Improve Oversight of Psychotropic Prescriptions. (Publication No. GAO-12-270T). Retrieved from GAO Reports Main Page via GPO Access database: <http://www.gao.gov/assets/590/586570.pdf>

Available data speaks to the need for immediate Congressional action to implement strategies aimed at improving the psychosocial wellbeing of our most vulnerable children. To that end, the 2016 budget proposal specifically requests a five-year joint project through ACF and CMS to promote more effective evidence-based interventions targeting children in foster care beginning in 2016. Under ACF, the budget includes an investment proposed at \$50 million a year to fund state infrastructure and capacity building to ensure improved coordination between CMS and child welfare agencies.

We also encourage the inclusion of tribal governments in this collaborative demonstration to address issues related to American Indian and Alaska Native children who are affected by the inappropriate or over use of psychotropic medication. American Indian and Alaska Native children can be in either state or tribal foster care systems with medications being provided by agencies that are sometimes in different jurisdictions. Improving coordination between these jurisdictions is critical to effectively addressing medication issues with this population. This funding could be used to better train stakeholders (including foster parents and adoptive parents, judges, etc.), provide reliable screening and assessment tools, implement evaluation procedures and improve data collection. These efforts will better help children in foster care who sometimes fall through the cracks of a fragmented health planning process.

Simultaneously, the CMS investment is proposed at \$100 million a year to provide incentives to states that demonstrate improvements in these areas. The overall goals of this important and timely initiative are to reduce inappropriate prescribing practices and over utilization of psychotropic medications, increase access to evidence-based and trauma-informed therapeutic interventions, promote child and adolescent wellbeing, and improve child welfare outcomes (as related to safety, increased permanency, fewer disrupted adoptions and reduced entries and re-entries into foster care).

Although small in terms of budget requests, this demonstration project will build on existing priorities and recent reforms led by Congress, and will help to not only curb inappropriate use of psychotropics, but also to incentivize the use of a variety of evidence-based psychosocial interventions that have been found to be effective. We believe it will also make critical improvements needed in the child welfare system and help to better address the effects of trauma on children in foster care, those placed in adoptive families and all young victims of child abuse and neglect.

Moving forward, we can better serve children and youth and help keep them safe in families by developing a more coordinated and comprehensive approach to addressing the behavioral health care needs of children served by Medicaid, many who are victims of child abuse, are in foster care or exposed to various forms of trauma including sexual exploitation and trafficking.

We strongly urge you to help ensure that Congress authorizes the proposed funding set forth by ACF and CMS for important improvements needed, and recognized first by Congress, so that we, together with states, can carry out better policies, promote transparency, and improve health outcomes for our nation's children and families.

Sincerely,

Adopt America Network

Adoption Network Cleveland (OH)

Adoption Rhode Island (RI)
Advocates for Children and Youth (MD)
Advocates for Children of New Jersey (NJ)
Advokids (CA)
All The Difference, Inc. (DE)
Alliance for Strong Families and Communities
American Academy of Pediatrics
American Association on Health and Disability
Anthony ISD (TX)
Arizona Council of Human Service Providers (AZ)
Assn. of Administrators of the Interstate Compact on Adoption & Medical Assistance (AAICAMA)
Association for Community Affiliated Plans
Black Children's Institute of Tennessee
Boys and Girls Haven (KY)
California Alliance of Child and Family Services (CA)
California Department of Health Care Services (CA)
California Department of Social Services (CA)
CASA of Southern Maryland (MD)
CASA/GAL of Eastern Montana (MT)
Center for Adoption Support and Education (MD)
Center for Advanced Studies in Child Welfare (MN)
Center for the Study of Social Policy
Chicago Women's AIDS Project (IL)
Child and Family Policy Center (IA)
Child Welfare League of America
Children Awaiting Parents
Children Now (CA)
Children's Action Alliance (AZ)
Children's Advocacy Institute
Children's Defense Fund
Children's Home Society of America
Children's Home Society of North Carolina (NC)
Citizens' Committee for Children (NY)

Colorado Coalition of Adoptive Families
County Welfare Directors Association of California (CA)
Crossfire Consulting
Dave Thomas Foundation for Adoption
Department of Health Care Services (CA)
Donaldson Adoption Institute
Eckerd
Everman ISD (TX)
Family Equality Council
Families On The Move, Inc (MI)
Family & Youth Roundtable of San Diego County (CA)
Family Voices NJ (NJ)
Farmworker Association of Florida (FL)
Field Center for Children's Policy, Practice & Research (PA)
First Focus Campaign for Children
Florida Mentor (FL)
Florida's Children First (FL)
Foster Care Alumni of America
Foster care alumni of America Ohio chapter (OH)
Foster Care Alumni of America, Washington Chapter (WA)
Foster Family-based Treatment Association
FosterClub
Fostering Success at UW-Stout (WI)
Franciscan Sisters of the Poor (OH)
Generations United
Graves County Child Advocacy Program, Inc. (KY)
Hawaii Foster Youth Coalition (HI)
Holt International (OR)
Joint Council On International Children's Services
Juvenile Law Center
Kentucky Youth Advocates (KY)
Key Assets
Lawyers For Children, Inc. (NY)

Maine Chapter of the American Academy of Pediatrics (ME)
Maine Children's Alliance (ME)
Maine Coalition for the Advancement of Child & Adolescent Mental Health (ME)
Maine Council of Child & Adolescent Psychiatry (ME)
Massachusetts Law Reform Institute (MA)
McDowell County Department of Social Services (NC)
MOMS Advocating Sustainability
National African American Drug Policy Coalition, Inc.
National Alliance on Mental Illness (NAMI)
National Association for Children's Behavioral Health
National Association of County Human Services Administrators
National Association of Social Workers
National Center for Youth Law
National Child Abuse Coalition
National Children's Alliance
National Council of Juvenile and Family Court Judges
National Federation of Families for Children's Mental Health
National Foster Care Coalition
National Foster Parent Association
National Indian Child Welfare Association
National Leadership Council on African American Behavioral Health
Nebraska Appleseed (NE)
Nebraska Families Collaborative (NE)
NET- Centers (PA)
New York Council on Adoptable Children (NY)
New York State Citizens' Coalition for Children (NY)
NJ Alliance of Family Support Organizations (NJ)
North American Council on Adoptable Children (NACAC)
Oklahoma Therapeutic Foster Care Association (OK)
Oregon Post Adoption Resource Center, a program of Northwest Resource Associates (OR)
PolicyLab at The Children's Hospital of Philadelphia
Polk County CRB (OR)
Protect The Hershey's Children, Inc. (PA)

Public Policy Center of Mississippi (MS)
San Elizario HS (TX)
Sbc Global Consultants
School of Social Work, Howard University (DC)
School Social Work Association of America
Seneca Family of Agencies (CA)
Soka Gakkai International USA
Statewide Parent Advocacy Network (NJ)
The Adoption Exchange
The Children's Partnership
The Kempe Foundation (CO)
The Lighthouse Counseling Services (MO)
The MENTOR Network
Three Rivers Adoption Council (PA)
TN Alliance for Children and Families
Transition to Independence Program at Wayne State University (MI)
Tuolumne County Health Department (CA)
United Advocates for Children and Families (CA)
Voice for Adoption
Voices for Children in Nebraska (NE)
Voices for Ohio's Children (OH)
Voices for Virginia's Children (VA)
Volunteers for Youth Justice
Young Adult Community Development Corp (OH)
Youth in Transition (NC)
Youth Law Center
Youth, Rights & Justice (OR)