April 15, 2014

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Mitch McConnell
Minority Leader
United States Senate
Washington, D.C. 20510

Dear Senators Reid and McConnell:

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 2015 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.

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 2015 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 2015. 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. The following organizations strongly urge you to take action to ensure this important project is funded so that better policies, improved transparency, and improved health outcomes are achieved for our nation’s children and families.

Sincerely,

Adopt America Network
Adoption Exchange Association
Adoption Network Cleveland
Adoption Rhode Island
Advocates for Children and Youth (Maryland)
Advocates for Children of New Jersey
All Saints Church Foster Care Project (California)
Alliance for Children & Families
American Academy of Pediatrics
American Association on Health and Disability
American Orthopsychiatric Association
American Psychological Association
Arkansas Advocates Children and Families
Association for Community Affiliated Plans
Attachment & Trauma Network, Inc.
Brighter Beginnings (California)
California Alliance of Child and Family Services
California Association of Adoption Agencies
California Church IMPACT
Center for Adoption Support and Education
Center for the Study of Social Policy
Child Welfare League of America
Children and Family Futures
Children Awaiting Parents
Children Now (California)
Children's Action Alliance (Arizona)
Children's Alliance (Washington)
Children's Defense Fund
Children's Dental Health Project
Children's Home Society of North Carolina
Clinical Social Work Association
Colorado Coalition of Adoptive Families
Community Action Partnership
Congressional Coalition on Adoption Institute
Consortium for Children (California)
County Welfare Directors Association of California
Dave Thomas Foundation for Adoption
Depression and Bipolar Support Alliance
Every Child Matters Education Fund
FACES of Virginia Families
Family Design Resources, Inc.
Family Equality Council
Family Voices New Jersey
First Focus Campaign for Children
Florida's Children First
Foster Care to Success
Foster Family-based Treatment Association
FosterClub
Generations United
Healthy Schools Network (New York)
Hillcrest Children and Family Center (Washington D.C.)
Holt International Children’s Services
John Burton Foundation (California)
Joint Council on International Children's Services
Kentucky Youth Advocates
Kidsave
Kinship Center, A Member of Seneca Family of Agencies (California)
Koinonia Family Services (California)
Lilliput Children's Services (California)
Lutheran Services in America
Marguerite Kondracke (Former CEO of America’s Promise)
Mental Health America
MOMS Advocating Sustainability (California)
National Adoption Center
National Alliance on Mental Illness (NAMI)
National Association for Children of Alcoholics (NACoA)
National Association of County Behavioral Health & Developmental Disability Directors
National Association of County Human Services Administrators
National Association of Social Workers
National Association of State Mental Health Program Directors
National CASA Association
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
National League for Nursing
National Respite Coalition
Nebraska Appleseed
Nebraska Families Collaborative
New York Council on Adoptable Children
North Carolina Association of County Directors of Social Services
North American Council on Adoptable Children (NACAC)
NYS Office of Children and Family Services (New York)
Oregon Post Adoption Resource Center
Partners for Our Children (Washington)
Pennsylvania Partnerships for Children
PolicyLab at The Children’s Hospital of Philadelphia
Prevent Child Abuse Arizona
Public Policy Center of Mississippi
Spaulding for Children (Michigan)
Statewide Parent Advocacy Network (New Jersey)
Texans Care for Children
The Adoption Exchange (Colorado)
The Committee for Hispanic Children and Families, Inc. (New York)
The Kempe Center
The National Crittenton Foundation
The Ray E. Helfer Society
Three Rivers Adoption Council (Pennsylvania)
Voice for Adoption
Voices for Children in Nebraska
Voices for Utah Children
Voices for Virginia's Children
Wisconsin Council on Children and Families
Youth Law Center
Youth Villages