May 28, 2014

The Honorable Dave Reichert  
Chairman, Subcommittee on Human Resources  
Committee on Ways and Means  
U.S. House of Representatives  
1127 Longworth HOB  
Washington, DC 20515

The Honorable Lloyd Doggett  
Ranking Member, Subcommittee on Human Resources  
Committee on Ways and Means  
U.S. House of Representatives  
201 Cannon HOB  
Washington, DC 20515

Dear Chairman Reichert and Ranking Member Doggett,

On behalf of the American Psychiatric Association (APA), the medical specialty society representing more than 35,000 psychiatric physicians and their patients, we thank you for convening this important hearing on the mental health treatment of children and adolescents in the foster care system.

Children in foster care systems experience high rates of mental illness, and require a broad spectrum of mental health services. According to the National Survey of Child and Adolescent Well-Being, upwards of three-fourths of all children entering foster care exhibit behavior or social competency problems that warrant mental health care. While clinical factors contribute to mental illness suffered by foster children, studies show several non-clinical factors such as age, racial or ethnic background, maltreatment, and types of placement also make a significant contribution. Post-Traumatic Stress Disorder (PTSD), abuse-related trauma, Attention Deficit Hyperactivity Disorder (ADHD) and other disruptive behavior disorders, depression, and substance use disorders constitute the most common conditions affecting foster children. It is clear that this vulnerable population demands responsible policymaking and appropriate oversight to ensure that best practices in mental health delivery are employed.
In this pursuit, APA has endorsed the policy recommendations laid out in the American Academy of Child and Adolescent Psychiatry’s Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline. These principles and policy recommendations make it clear that all youth with apparent emotional disturbances deserve a comprehensive psychiatric evaluation, a biopsychosocial treatment plan if indicated, proper case management, and effective medication management that includes monitoring response to treatment and screening for adverse effects. You will find these principles and recommendations included as an attachment to this statement. APA hopes that these are helpful to members of the Committee as they explore this important topic.

The workforce shortage of child and adolescent psychiatrists is a major obstacle to the promotion of sound mental health among youth in foster care. APA urges Congress to support federal programs that seek to address this shortage and provide children and adolescents with care from the highest quality and most specifically trained clinicians. We were pleased to see that the recently reauthorized Children’s Hospital Graduate Medical Education (CHGME) program was amended to include potential funding for children’s psychiatric hospital training. We hope that the CHGME program can be funded at a level in the future to support this new initiative. We also encourage Congress to reauthorize and appropriate funding towards the Pediatric Subspecialty Loan Repayment Program, which would incentivize child and adolescent psychiatric services in medically underserved areas. Lastly, we would like to highlight valuable programs like the Massachusetts Child Psychiatry Access Project (MCPAP) which provides critical mental health expertise to primary care providers in order to improve access to treatment for children with psychiatric disorders. Congress should incentivize states to incorporate innovative programs like MCPAP in order to mitigate this workforce shortage.

Thank you again for your interest in studying these important issues. APA offers itself as a resource for Committee members and we look forward to working with you to provide the best possible mental healthcare for children and adolescents in the foster care system.

Sincerely,

Saul Levin, M.D., M.P.A.
CEO and Medical Director
American Psychiatric Association
AACAP Position Statement on Oversight of Psychotropic Medication Use for Children in State Custody: A Best Principles Guideline

Background

Children in state custody (definition of state custody: the state has assumed all parental responsibilities and decision-making for the child) often have biological, psychological, and social risk factors that predispose them to emotional and behavioral disturbances. These risk factors can include genetic predisposition, in utero exposure to substances of abuse, medical illnesses, cognitive deficits, a history of abuse and neglect, disrupted attachments, and multiple placements. Resources for assessing and treating these children are often lacking. Due to multiple placements, medical and psychiatric care is frequently fragmented. These factors present profound challenges to providing high quality mental health care to this unique population. Unlike mentally ill children from intact families, these children often have no consistent interested party to provide informed consent for their treatment, to coordinate treatment planning and clinical care, or to provide longitudinal oversight of their treatment. The state has a duty to perform this protective role for children in state custody. However, the state must also take care not to reduce access to needed and appropriate services.

Many children in state custody benefit from psychotropic medications as part of a comprehensive mental health treatment plan. However, as a result of several highly publicized cases of questionable inappropriate prescribing, treating youth in state custody with psychopharmacological agents has come under increasingly intense scrutiny. Consequently, many states have implemented consent, authorization, and monitoring procedures for the use of psychotropic medications for children in state custody. These policies often have unintended consequences such as delaying provision of or reducing access to necessary medical care.

Basic Principles

The AACAP is the organization representing professionals most skilled in the art and science of child psychopharmacology. Accordingly, the AACAP has developed the following basic principles regarding the psychiatric and pharmacologic treatment of children in state custody:

1. Every youth in state custody should be screened and monitored for emotional and/or behavioral disorders. Youth with apparent emotional disturbances should have a comprehensive psychiatric evaluation. If indicated, a biopsychosocial treatment plan should be developed.

2. Youth in state custody who require mental health services are entitled to continuity of care, effective case management, and longitudinal treatment planning.

3. Youth in state custody should have access to effective psychosocial, psychotherapeutic, and behavioral treatments, and, when indicated, pharmacotherapy.
4. Psychiatric treatment of children and adolescents requires a rational consent procedure. This is a two-staged process involving informed consent provided by a person or agency authorized by the state to act in loco parentis and assent from the youth.

5. Effective medication management requires careful identification of target symptoms at baseline, monitoring response to treatment, and screening for adverse effects.

6. States developing authorization and monitoring procedures for the use of psychotropic medications for youth in state custody should use the principles in this document as a guide and should assure that children and adolescents in state custody get the pharmacological treatment they need in a timely manner.

Best Principles Guideline

For states planning to develop programs for monitoring pharmacotherapy for youth in state custody with severe emotional disturbances, the AACAP proposes the following guidelines. Guidelines are categorized into minimal, recommended, and ideal standards.

1. State child welfare agencies, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications, in consultation with child and adolescent psychiatrists, should establish policies and procedures to guide the psychotropic medication management of youth in state custody. States should:
   a) Identify the parties empowered to consent for treatment for youth in state custody in a timely fashion [minimal].
   b) Establish a mechanism to obtain assent for psychotropic medication management from minors when possible [minimal].
   c) Obtain simply written psychoeducational materials and medication information sheets to facilitate the consent process [recommended].
   d) Establish training requirements for child welfare, court personnel and/or foster parents to help them become more effective advocates for children and adolescents in their custody [ideal]. This training should include the names and indications for use of commonly prescribed psychotropic medications, monitoring for medication effectiveness and side effects, and maintaining medication logs. Materials for this training should include a written “Guide to Psychotropic Medications” that includes many of the basic guidelines reviewed in the psychotropic medication training curriculum.

2. State child welfare agencies, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications, in consultation with child and adolescent psychiatrist, should design and implement effective oversight procedures that:
   a) Establish guidelines for the use of psychotropic medications for youth in state custody [minimal].
   b) Establish a program, administered by child and adolescent psychiatrists, to oversee the utilization of medications for youth in state custody [ideal]. This program would:
1. Establish an advisory committee (composed of agency and community child and adolescent psychiatrists, pediatricians, other mental health providers, consulting clinical pharmacists, family advocates or parents, and state child advocates) to oversee a medication formulary and provide medication monitoring guidelines to practitioners who treat children in the child welfare system.

2. Monitor the rate and types of psychotropic medication usage and the rate of adverse reactions among youth in state custody.

3. Establish a process to review non-standard, unusual, and/or experimental psychiatric interventions with children who are in state custody.

4. Collect and analyze data and make quarterly reports to the state or county child welfare agency regarding the rates and types of psychotropic medication use. Make this data available to clinicians in the state to improve the quality of care provided.

c) Maintain an ongoing record of diagnoses, height and weight, allergies, medical history, ongoing medical problem list, psychotropic medications, and adverse medication reactions that are easily available to treating clinicians 24 hours a day [recommended].

3. State child welfare agencies, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications, should design a consultation program administered by child and adolescent psychiatrists [recommended]. The consultation program:

   a) Provides consultation by child and adolescent psychiatrists to the persons or agency that is responsible for consenting for treatment with psychotropic medications.

   b) Provides consultations by child and adolescent psychiatrists to, and at the request of, physicians treating this difficult patient population.

   c) Conducts face-to-face evaluations of youth by child and adolescent psychiatrists at the request of the child welfare agency, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications when concerns have been raised about the pharmacological regimen.

4. State child welfare agencies, the juvenile court, or other state or county agencies empowered by law to consent for treatment with psychotropic medications, should create a website to provide ready access for clinicians, foster parents, and other caregivers to pertinent policies and procedures governing psychotropic medication management, psychoeducational materials about psychotropic medications, consent forms, adverse effect rating forms, reports on prescription patterns for psychotropic medications, and links to helpful, accurate, and ethical websites about child and adolescent psychiatric diagnoses and psychotropic medications [ideal].