



National Alliance on Mental Illness (NAMI)

Statement submitted to the

SENATE SUBCOMMITTEE ON FEDERAL FINANCIAL MANAGEMENT, GOVERNMENT INFORMATION,
FEDERAL SERVICES, AND INTERNATIONAL SECURITY OF THE COMMITTEE ON HOMELAND SECURITY
AND GOVERNMENTAL AFFAIRS

FOR ITS HEARING ON

THE FINANCIAL AND SOCIETAL COSTS OF MEDICATING AMERICA'S FOSTER CHILDREN

DECEMBER 1, 2011 ~ WASHINGTON, D.C.

MONITORING IS NOT ENOUGH ...

INTRODUCTION

The National Alliance on Mental Illness (NAMI) applauds this committee for convening this hearing today. NAMI is the nation's largest grassroots family and consumer organization dedicated to improving the lives of children, adults and families affected by mental illness. Through NAMI's 1,100 chapters and affiliates in all 50 states NAMI supports education, outreach, advocacy and research on behalf of persons with mental health conditions.

Much has been learned through research supported by the National Institute of Mental Health (NIMH) about children with mental illness. Half of all lifetime cases of mental illness begin by age 14 and early identification and intervention helps to lessen the long-term severity of these illnesses.ⁱ

Children in foster care experience high rates of mental illness. Between half and three-fourths of the children entering foster care need mental health care.ⁱⁱ This is not surprising given that many of these children have had traumatic experiences in their young lives, including abuse and neglect, removal from their families and homes, multiple placements, *in utero* exposure to drugs and alcohol, for some a genetic predisposition to mental illness, poverty and related experiences.

The most prevalent mental health conditions in children in foster care are Post Traumatic Stress Disorder (PTSD) and abuse-related trauma, disruptive behavior disorders (including conduct disorder, oppositional defiant disorder and ADHD), depression and substance abuse.ⁱⁱⁱ

Medications, when prescribed appropriately for children with mental illness, can be lifesaving. They can enhance a child's ability to participate in school, to be safe with family, to avoid hospitalizations and out-of-home placements, to avoid harming oneself and to avoid engaging in life threatening activities. However, psychotropic medications can also pose serious risks for children because of the side effects associated with them. They should only be prescribed when the benefits of medication outweigh the risks and only as part of a comprehensive treatment plan that addresses the complex needs of vulnerable children in foster care.

NAMI greatly appreciates that this committee is examining issues related to the prescribing practices of psychotropic medications for children in foster care. It is also important that the U.S. Government Accountability Office (GAO) and federal agencies within the Department of Health and Human Services (HHS) are looking closely at these issues.^{iv} States have a duty to protect those children who come into their care and to ensure that they are receiving safe, appropriate and effective care, including mental health care. States also have a duty to ensure that these children are not prescribed medications that they do not need and that may be harmful to them.

However, it is not enough to call for the monitoring and oversight of prescribing practices. We need to ask why medications are being prescribed to children in foster care. It is essential to look at the multiple factors that are contributing to high rates of psychotropic medication use and how these factors are best addressed, including whether effective alternative interventions are readily available. If we want to get serious about ensuring that children in foster care receive safe and effective mental health care, then we must examine and address the broader issues outlined below.

Improving the Mental Health Care Delivered to Children in Foster Care

- **Require Oversight and Monitoring**

There is no question that expert prescribing guidelines for psychotropic medications should be developed and states should disseminate expert guidelines to the agencies and mental health professionals that serve children in foster care. Training, support and technical assistance are needed on an ongoing basis to help ensure that mental health professionals understand how to use the guidelines and are following them in developing treatment plans for children.

States also need to monitor the prescribing practices of those mental health professionals who are providing care to children in foster care. They need to identify those mental health providers who are outliers and are engaging in prescribing practices that fall well outside of the prescribing practice guidelines. These providers should be contacted and required to

undergo additional training and oversight to help ensure that their prescribing practices are appropriate.

In addition, children and youth in foster care who are prescribed psychotropic medications should be closely monitored for side effects and receive frequent evaluations by well-qualified professionals.

- **Demand Screening, Assessment and Evaluations**

Given the high prevalence of children in foster care with mental health care needs, every youth entering foster care should be screened for mental illness. Youth who screen positive should receive a comprehensive psychiatric evaluation by a qualified mental health professional. These children should also receive a comprehensive physical examination to rule out other physical health conditions that may be causing the child to exhibit signs and symptoms of mental illness.

A comprehensive psychiatric evaluation by a qualified mental health professional is essential to receiving an accurate diagnosis. And an accurate diagnosis is the critical first step in developing a treatment plan that includes the most appropriate and effective interventions, which may include psychosocial and/or medication interventions.

To help ensure that children are properly diagnosed, treated and monitored, states must provide adequate Medicaid reimbursement for comprehensive evaluations and assessments.

State child welfare agencies should ensure that caseworkers work closely with mental health providers to ensure that children coming into foster care are assessed and evaluated and receive timely and effective mental health services and supports. Unfortunately, in many communities, the mental health and child welfare systems operate in silos. This fragmentation must be addressed to help ensure that children in foster care receive effective mental health services and supports.

- **Increase Workforce Capacity and Training**

There is a critical shortage of child psychiatrists in our nation. Currently, there are about 7,000 child psychiatrists with a need at close to 30,000.^v With this shortage in mind, it is important to ask who is evaluating, diagnosing and treating children in foster care.

States should facilitate access to scarce child and adolescent psychiatric expertise through integrated care approaches such as co-location of child psychiatrists in primary care settings, implementing tele-psychiatry, and developing funding mechanisms that encourage telephonic and face-to-face collaboration and consultation between child psychiatrists and other treating professionals.^{vi}

Low Medicaid reimbursement rates must be adjusted to reduce the significant provider turnover rates that are negatively impacting the quality and continuity of care provided to children in foster care.

- **Effective and Evidence-based Psychosocial Interventions Must be Provided**

There are a number of psychosocial interventions that have been shown through research to be effective with PTSD and trauma, ADHD, oppositional defiant disorder, depression and substance abuse.^{vii} Among a large base of effective psychosocial interventions are Trauma-Focused Cognitive Behavior Therapy, the Incredible Years, Parent-Child Interaction Therapy and cognitive behavior therapy for depression.^{viii} Sadly, effective psychosocial interventions are often not available in communities to any children, including those in foster care. A lack of investment and commitment to making these effective interventions available has contributed to a greater reliance on medications, including for very young children.

We could significantly reduce the prescribing of psychotropic medications if effective and evidence-based psychosocial interventions were more widely available for children. When included as part of a comprehensive treatment plan, these interventions also produce positive results allowing children in foster care to function better in every domain of their life.

The Center for Medicare and Medicaid Services (CMS) should encourage states to add an array of effective and evidence-based interventions to their state plans and should provide technical assistance to help states understand the importance of these interventions. States should not only ensure that effective psychosocial interventions are billable under their state Medicaid plans, they must also make a commitment to work with the provider community and other stakeholders to provide the training, support and mentoring needed to make these interventions available to children in foster care. Although there is a cost associated with bringing effective psychosocial interventions to communities, there is a long-term savings when children's mental health conditions improve. They develop the skills they need to succeed in school and as productive members of society and they avoid costly hospitalizations and institutional care.

- **Increase Research on Psychotropic Medications and Therapeutic Interventions for Children**

Other than stimulant medications to treat ADHD, there is a dearth of research on the safety and effectiveness of psychotropic medications for very young children. This lack of research significantly raises the importance of providing effective psychosocial interventions to young children in foster care. At the same time, it is imperative that we increase our body of research.

We urge state and federal officials to join NAMI's call for new research approaches to provide opportunities to study the safety and effectiveness of psychotropic medications for

children, including long-term positive and negative effects, the development of better, more personalized medications and diagnostics, and additional research on effective alternative or supplemental therapeutic interventions.

- **Costs Should Not Dictate the Mental Health Care Provided to Children in Foster Care**

Costs and budget concerns should not result in denying children in foster care effective mental health services and supports. When appropriate mental health care is denied to children in need through cost containment and budget cuts, the consequences are costly. Children who require mental health services but do not get them often end up receiving costly services in institutional settings, including emergency rooms, hospitals, residential treatment centers, jails and juvenile detention centers. There is a high societal cost as youth drop-out of school, become entangled with law enforcement, use and abuse drugs and alcohol to self-medicate and ultimately end up homeless. We can do far better in improving the lives of children in foster care with mental health conditions. Their future depends on it.

ⁱ National Institute of Mental Health (2005). *Mental illness exacts heavy toll, beginning in youth*. Accessed at www.nimh.nih.gov.

ⁱⁱ Landsverk, J.A., Burns, B.J., Stamburgh, L.F., Reutz, J.A. *Mental Health Care for Children and Adolescents in Foster Care: Review of Research Literature*. February 2006. Prepared for Casey Family Programs. Accessed at <http://www.casey.org/Resources/Publications/pdf/MentalHealthCareChildren.pdf>.

ⁱⁱⁱ Ibid.

^{iv} Department of Health and Human Services letter dated November 23, 2011 to State Directors of Child Welfare, State Medicaid Directors and State Mental Health Authority Directors. This letter outlines steps that the Administration for Children and Families (ACF), the Center for Medicare and Medicaid Services (CMS) and the Substance Abuse Mental Health Services Administration (SAMHSA) are taking to address the use of psychotropic medications with children in foster care.

^v American Academy of Child and Adolescent Psychiatrists. *AACAP Workforce Fact Sheet*. Accessed at www.aacap.org.

^{vi} NAMI has developed a comprehensive family guide on integrated care. *A Family Guide: Integrated Mental Health and Pediatric Primary Care* can be accessed at www.nami.org/primarycare.

^{vii} Landsverk, J.A., Burns, B.J., Stamburgh, L.F., Reutz, J.A. *Mental Health Care for Children and Adolescents in Foster Care: Review of Research Literature*. February 2006. Prepared for Casey Family Programs. Accessed at <http://www.casey.org/Resources/Publications/pdf/MentalHealthCareChildren.pdf>.

^{viii} Ibid.