



**Support the Proposal to Address
the Over-Use of Psychotropic Medication
for Children in Foster Care**

HOT TOPIC

ACTION

- Support the FY 2016 budget proposal to address the over-use of psychotropic medication for children in foster care by creating an Administration for Children and Families (ACF) and Centers for Medicare & Medicaid Services (CMS) demonstration project to encourage collaboration between state Medicaid and child welfare agencies.

The Administration's FY 2016 budget request includes a five-year joint project between ACF and CMS for competitive demonstration projects to encourage states to implement evidence-based psychosocial interventions targeting children in the foster care system which will help to serve as an alternative to the current over-reliance on prescribing psychotropic medications to this vulnerable population.

¹The ACF investment of \$250 million over five years would fund state infrastructure and capacity building including:

- Enhancing the child welfare workforce;
- Providing valid and reliable screening and assessment tools;
- Coordinating between child welfare case planning and management and Medicaid, especially Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT);
- Training child welfare staff, foster parents, adoptive parents, guardians, judges and clinicians;
- Ensuring fidelity monitoring;
- Implementing an evaluation; and,
- Providing data collection and IT systems.

An additional \$500 million through CMS will provide incentive payments to participating states that demonstrate improvement. A state that receives an incentive payment from this fund cannot use these funds to supplant other funds used by the state to carry out the Medicaid State plan, or IV-B or IV-E of the Social Security Act.

**Health Needs and Effective Treatments
for Children in Foster Care**

The most frequently diagnosed health problems of children in out-of-home care are mental health conditions. Children most often enter out-of-home care because of abuse or neglect, experiences that place children at increased risk of emotional and behavioral challenges. Separation from family and the uncertainties of out-of-home care may further compromise children's emotional wellbeing.

Mental health assessments and treatment services should be available for all children and adolescents in out-of-home care. Mental health services should also be available to children's parents when their mental health problems affect the safe return of children to their parents.

According to the Congressional Research Service:

"Close to 25% of children in foster care are estimated to use psychotropic medications on a given day. Longer involvement with the child welfare agency, being of school age, and living in a group setting all forecast a greater chance that a child in foster care will be taking psychotropic medications. The rate among children generally who are taking psychotropic medications is at approximately 6% (over a one-year period). Some of this difference may be explained by the higher levels of mental health risk factors among children in foster care."

One of the great challenges for children in foster care may be access to adequate and timely health coordination, screening and services. The Administration's proposal attempts to address not just the over-use of medication but also enhance coordination and access to services.

The goals of the demonstration include:

- Reducing over-prescription of psychotropic medications, including the elimination of prescribing practices that do not conform to best practice guidelines for children and youth;
- Increasing use of evidence-based/evidence-informed, trauma-informed screening, assessment, and psychosocial interventions as first-line treatments for emotional and behavioral health needs;
- Improving children and youths well-being across physical, social-emotional, cognitive, and developmental domains; and,
- Improving child welfare outcomes including increased child safety, decreased time to permanency, fewer disrupted adoptions, and fewer entries and re-entries into foster care.

Under the proposal, HHS would define criteria for qualifying states, qualifying foster children, and recommend models to test. Through a competitive grant process, qualifying states would apply for (1) ACF infrastructure grant funding, and (2) incentive payments if they qualify for them based on the Secretarially defined criteria.

CONCLUSION

Each child in out-of-home care deserves quality services designed to ensure the child's safety and well-being. Public and private child welfare agencies assume responsibility for children's health and well-being when they are in out-of-home care.

Each year, approximately 640,000 children and youths spend some period of time in out-of-home care. Children and youths in out-of-home care live with unrelated foster families, with relatives, and in residential and group settings. In each of these placements we need to make sure that children and youths in care have access to the most appropriate and timely support and services including health care. The Administration's proposal can help address one of these challenges, the need for better and stronger coordination between child welfare agencies and state Medicaid agencies.

¹ HHS Fact Sheet: ACF and CMS Demonstration to Address Over-Prescription of Psychotropic Medication for Children in Foster Care Last Updated: 3/5/2014



John Sciamanna

410-533-5857 ▪ jsciamanna@cwla.org

Tim Briceland-Betts

202-688-4154 ▪ bricebet@cwla.org