

May 20, 2011

Commissioner Samuels:

Thank you for the opportunity to comment. My comment is not specific to one of the questions posed in the FRN, but speaks to the opportunity to take advantage of this revisiting the CFSR to create some accountability for addressing the critical health related provisions of Fostering Connections. We know the dismal statistics related to health and social outcomes for children in foster care. Fostering Connections seeks to put in place mechanisms within the child welfare agency to prevent and ameliorate many of these negative outcomes, and my comment relates to this opportunity.

In light of the requirement for a coordinated health plan and monitoring of medications for children in foster care under Fostering Connections, I would recommend that ACF revise the CFSR protocol to include the following two items in the family and child well-being domain for what the summary of state policy related to Well-Being Outcome 3 should include:

1. Add to Item 22 (physical health): The state's plan for the coordination and oversight of health services, including mental health and oral health, for children in foster care.
2. Add to Item 22 (mental/behavioral health): The state's process to monitor medication use among children in foster care, particularly psychotropic medication, and respond to concerns of inappropriate prescribing?

Thank you again for the opportunity to comment,

Kamala D. Allen, MHS

Kamala D. Allen  
Vice President, Program Operations

Director, Child Health Quality

