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May 23, 2014

JooYeun Chang

Associate Commissioner

Children's Bureau

Administration on Children, Youth and Families

Administration for Children and Families

1250 Maryland Avenue SW, 8th Floor

Washington, DC 20024

Dear Associate Commissioner Chang:

The American Academy of Pediatrics (AAP) is a non-profit professional organization of 62,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents, and young adults. The AAP appreciates this opportunity to provide comments on the Proposed Rule *Notice of Statewide Data Indicators and National Standards for Child and Family Service Reviews*.

The AAP is appreciative of the Children's Bureau's efforts in updating and improving the metrics within Child and Family Service Reviews (CFSR). The CFSR process offers significant opportunities to monitor the extent to which states are conforming to federal child welfare requirements and assess outcomes in the areas of safety, permanency, and well-being. While the proposed rule makes significant changes in the measures of safety and permanency, there is a strong need for changes to the well-being measures. As pediatricians who provide care for youth in foster care, the AAP urges the Children's Bureau to incorporate changes within the rule to improve the well-being metrics within the CFSR process.

The update of the well-being measures should include linkages to the Health Oversight and Coordination Plan (HOCP) provisions of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 112-34). This should include metrics that examine whether initial and follow-up screenings were performed in a timely manner, to what extent and within what timeframe children's health needs are treated, updating and sharing medical information/electronic medical records, ensuring continuity of health services and establishing medical homes for every child in foster care, monitoring of prescription drug use, particularly for psychotropic medication, state consultation with physicians and professionals in determining appropriate medical treatment for children in foster care, ensuring the transition plan meets the health care needs of children aging out of foster care (as required by The Patient Protection and Affordable Care Act (P.L. 111-148), and steps to monitor and treat emotional trauma associated with a child's maltreatment and placement in foster care.

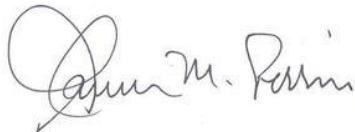
The AAP remains concerned about the issue of states' fidelity to the HOCP provisions of their Child and Family Service Plans. The extent to which ACF has evaluated and followed up on these HOCPs since their initial 2009 filing is currently unclear. HOCPs offer an immense opportunity for state and federal tracking and improvement of health care for foster youth and the showcasing and replication of innovative state best practices. HOCPs have the potential to serve as dynamic processes that continually improve health outcomes for foster youth.

In addition, the AAP suggests linking CFSR well-being measures with the Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112-34), which specifies that states must address the effects of trauma and emotional health of youth in foster care and monitor the use of psychotropic medication among this population. Assessing state success in addressing these needs is essential given the disproportionate trauma that foster youth have experienced. These metrics should include mental, developmental, emotional, and behavioral health.

An additional resource for development of effective well-being measures to include in the CFSRs is the work of the Centers for Medicare and Medicaid Services (CMS) and the National Collaborative for Innovation in Quality in developing measures of the health and well-being of foster youth. The CFSR process should incorporate review of these measurements to ensure coordination of federal efforts to assess health-related foster care outcomes.

Thank you again for the opportunity to provide input on the CFSR process. As physicians who often provide health services to youth in foster care, the AAP is committed to ensuring that foster youth receive coordinated, high-quality health care. If the AAP can be of any further assistance, please do not hesitate to contact Zach Laris in our Washington, D.C. office at 202/347-8600 or zlaris@aap.org.

Sincerely,

A handwritten signature in black ink that reads "James M. Perrin". The signature is written in a cursive style with a large, looping initial "J".

James M. Perrin, MD, FAAP

President

JMP/zml