Chapter Work

- Fifteen grants have been awarded to chapters since 2008. Ten of those grants were awarded in the last two years. The grants facilitate state level work on improving the health oversight of youth in foster care.
- A meeting of all of the chapter grantees was held in February. Representatives from 14 of the 15 chapter grantees attended. Hot topics were discussed along with strategies for successfully overcoming barriers to addressing the health needs of youth in foster care.

Initiatives Related to Psychotropic Medication Use

- COFCAKC previously participated in a project with a federal work group to develop a guide to assist in decision-making around psychotropic medicine use for youth in foster care. Recently, COFCAKC members and staff participated in creating an accompanying guide for caseworkers, foster parents, and others who support youth in care. The impact of trauma on youth was highlighted. The guide was published in July and will be posted soon.
- COFCAKC is working with the DC Office to urge Congress to support the President’s budget proposal to award $750 million over five years to “reduce the over-prescription of psychotropic medications for youth in foster care”. The proposal also calls for building capacity for non-pharmacological, evidence-based therapies, including ones that address trauma. Supporting this effort, COFCAKC developed measures that were submitted to the federal agencies and can be used by the federal and/or state governments to track the success of the President’s initiative, should it be enacted. The measures promote a broader, more holistic analysis than simply measuring prescription rates.
- COFCAKC participated on a phone call with members from the Committee on Child Abuse and Neglect and representatives from the American Academy of Child and Adolescent Psychiatry to discuss drafting a joint statement on the use of psychotropic medications in vulnerable youth. A request to begin drafting a statement is being prepared.
Federal and State Collaborations/Initiatives

• The COFCAKC Executive Committee (EC) is working with the AAP Department of Federal Affairs and the AAP Division of State Government Affairs on several initiatives including:
  o Providing feedback on the update of the federal/state Adoption and Foster Care Analysis and Reporting System (AFCARS)
  o Endorsing a therapeutic foster care bill
  o Promoting uptake of the initiative in the President’s budget to address “over-prescription” of psychotropic medications for youth in foster care
  o Promoting accountability for the states’ Health Oversight and Coordination plans that require states to plan for how they will address the health provision of the Fostering Connections law for youth in foster care
  o Collecting and sharing model practices in states for each of the elements of the health provision of the Fostering Connections law
  o Promoting extension of foster care to age 21 in those states that have not yet done so
  o Attempting to determine the names of any Medical Directors for state child welfare agencies
  o Providing input to a legislative proposal to change financing of foster care, including provisions on oversight of psychotropic medication use and appropriate use of congregate care
  o Supporting legislation to extend Medicaid coverage to any youth who ages out of care regardless of the state of residence at the time of emancipation

Additional Foster Care Efforts

• COFCAKC members are discussing with members and staff of the Council on Clinical Information Technology strategies for collecting and sharing foster care templates that can be used in conjunction with the most highly-used electronic health records.
• Staff promoted National Foster Care month in May.

Trauma-related Efforts

• The trauma guide *Helping Foster and Adoptive Families Cope With Trauma* ([www.aap.org/traumaguide](http://www.aap.org/traumaguide)) has been well-received and there have been multiple requests for printed copies. The Dave Thomas Foundation for Adoption agreed to fund a second printing and members are updating the information on coding and screening.
• Members of COFCAKC and the Section on Child Abuse and Neglect were surveyed about their use of the guide in an effort to learn what parts have been useful and how the guide is being used. Results are being analyzed. Overall, members who use the guide find it to be useful and user-friendly. Efforts can be made to encourage more council members to use the guide.
• COFCAKC is again partnering with the Dave Thomas Foundation for Adoption and Jockey Being Family to develop resources for school and child care personnel, caseworkers and caregivers to educate on post-adoption issues and effective responses to youth and families who are struggling. A work group meeting was held in February to launch the project.
• COFCAKC members and staff continue to participate on monthly calls with staff from the National Child Traumatic Stress Network to discuss joint activities to introduce trauma-informed care into pediatrics.
• The COFCAKC Chair serves as the representative to a work group that is drafting papers/publications using the data from the Periodic Survey addressing toxic stress questions.
Educational Events

- COFCAKC hosted a day-long educational program at the 2014 AAP national conference and sponsored four sessions in the general program.
- A course co-sponsored by COFCAKC and the Section on Child Abuse and Neglect and the Section on Adolescent Health was held in the summer of 2015 on Violence and Trauma-informed Care.
- COFCAKC will host a day-long educational program at the 2015 AAP national conference and is sponsoring five sessions in the general program including a plenary on youth aging out of foster care by Jeremy Harvey, our liaison from Foster Care Alumni of America.
- COFCAKC submitted six proposals for the general session at NCE 2016 as well as a proposal for a joint session with the Section on Adolescent Health in the morning and a COFCAKC-specific session in the afternoon.
- COFCAKC continues to sponsor a Medical Institute at the national conference of the Joint Council on International Children’s Services.

Statements

- In progress
  - Health Issues for Children and Adolescents in Foster Care – policy statement and technical report (to be published in October)
  - Needs of Kinship Care Families and Pediatric Practice (submitting to BOD for approval)
  - The Diagnostic Process for the Symptom of Inattention or Poor Focus – with the Committee on Psychosocial Aspects of Child and Family Health
  - Understanding the Consequences of Child Maltreatment: Clinical Implications – with the Committee on Child Abuse and Neglect
- Intents in development
  - Comprehensive Health Evaluation of the Newly Adopted Child (revision)
- In discussion/planning/exploratory stages
  - Developmental issues of youth in foster care
  - Ethics of research involving youth in foster care
  - Families First (promoting safe and appropriate placement of children in families preferentially over residential placement)
  - Psychotropic medications and vulnerable youth

Healthy Foster Care America (HFCA)

- The HFCA listserv has over 600 members. A monthly newsletter is disseminated featuring key resources and articles.
- The HFCA Web site averages approximately 300 visitors per month who view at least two pages on the site.

Miscellaneous

- Staff promoted National Adoption Month and Day in November.
Council Development

- A resident from the Section on Medical Students, Residents and Fellowship Trainees attended the March COFCAKC EC meeting as the new liaison.
- Last year the council established a new award for Lifetime Advocacy on Behalf of Vulnerable Children. This award will be presented to a pediatrician (or allied healthcare professional) who has made significant contributions over the course of a professional lifetime advocating for vulnerable children, including but not limited to, those in foster care and kinship care, and those who have been adopted. The first recipient of the award was Dr Thomas F. Tonniges. Starting in 2015 the award will be renamed the Thomas F Tonniges MD, FAAP Lifetime Award for Advocacy on Behalf of Vulnerable Children, in honor of its initial respected and distinguished recipient. Dr Louis Cooper, a Past President of the AAP, will be the recipient of the award this year.
- The EC discussed ways to encourage diversity and inclusion in the council membership and leadership.
- The EC is exploring the possibility of adding additional liaisons to COFCAKC.

For additional information about any of the items listed above, please feel free to contact the Chair, Dr Moira Szilagyi at mszilagyi@mednet.ucla.edu or the staff person, Mary Crane at mcrane@aap.org. Thanks!

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Connect with AAP for MOC Success

The American Academy of Pediatrics (AAP) continues to expand its offerings for members to fulfill requirements for Maintenance of Certification (MOC).

The Academy provides solutions for individuals from online QI courses to PREP self-assessments to live CME events. The AAP MOC Portfolio Program also provides guidance for members interested in developing or providing MOC activities through nationally-affiliated AAP groups (e.g., Sections and Councils).

Discover which MOC solution is right for you, and keep up with developing news at the newly revised http://www.aap.org/mocinfo.
AAP President Elect-Candidates Articles

In order to increase AAP Members’ familiarity with the President Elect Candidates, the COFCAKC Newsletter has decided to include an article addressing a question in which both candidates give responses.

Question: How will you as President help the Academy to provide tools to chapters and local members to promote community investment in children?

Fernando Stein, MD, FAAP

The formation of imaginative partnerships with commerce, industry, foundations and non-governmental organizations can be fostered and facilitated by the AAP. Individual members and Chapters should be able to partner with the national structure of the AAP to achieve this goal. A variety of services exist within the AAP that are available but not currently easily accessible to the members and Chapters.

Promotion of investment in children begins with the illustration of their needs and the eventual embracing of them by their community. Pediatricians have traditionally been the advocates for children and have the logical opportunity to speak to the needs of children. It is one of my central agenda items to facilitate leadership training and access to Academy services for all members.

The Academy has a Chapter Relations Division in place. I will make better known the skills available in the AAP Staff to help Chapters solve various problems. The AAP should establish a formalized consulting service that is widely publicized and readily accessible to the individual members and chapters. An effective method to support “Best Practices in Chapter Management Concepts” will be to make this service robust in its charge and responsibilities.

For the AAP to adequately represent the reality of its membership, it must gather information about members’ needs, attitudes and opinions. I will work to better manage and strategically utilize the AAP’s data and data systems so that current, reliable, and easily accessible information can be leveraged on pediatricians’ behalf.

Linda Young, MD, FAAP

First, the unified voice of many is louder than many single voices. Building membership in our chapters increases the impact of the voice of advocacy for children. As President, I would encourage efforts to increase our membership at the local level, particularly through the use of social media and other electronic outlets. Secondly, many physicians and chapters are committed to advocacy but may not know where to begin. We need to make available the “playbooks” on relevant initiatives, like immunization, gun control, health coverage. Such playbooks can detail who to call, how to build collaboration, what the resources are - along with fact sheets and talking points. Thirdly, we need to implement a mechanism to share success stories. I propose that our Academy develop its own version of “Pinterest”. Pinterest is a free website, widely used for people to share ideas. Our members could post stories of successful promotion of investment in children on such an Academy website – for example, a post “Our Chapter was successful in getting legislation restricting access to tobacco products for children and here’s how we did it.” In this way, best practices across the country can be shared for our members to adopt and adapt for their own localities. The use of social media like this creates the opportunity to learn from others, as well as to engage and energize our members.
## Schedule of Events Related to Foster Care, Adoption, & Kinship Care

**Council Program**  
**Monday, October 26th**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>H3049:</td>
<td>Council on Foster Care, Adoption, and Kinship Care Program</td>
<td>Julian Davies, MD, FAAP; Carol Weitzman, MD, FAAP</td>
</tr>
<tr>
<td>8:30 am</td>
<td>Welcome/Announcements</td>
<td>Moira Szilagyi, MD, PhD, FAAP; Lisa Nalven, MD, MA, FAAP</td>
</tr>
<tr>
<td>8:40 am</td>
<td>Nutrition and Feeding Practices in International Orphanages and Foster Care</td>
<td>Julian Davies, MD, FAAP</td>
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<tr>
<td>9:30 am</td>
<td>Question and Answer Session</td>
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<tr>
<td>9:40 am</td>
<td>FASD: Evidence Based Interventions</td>
<td>Carol Weitzman, MD, FAAP</td>
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<tr>
<td>10:30 am</td>
<td>Question and Answer Session</td>
<td></td>
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<tr>
<td>10:40 am</td>
<td>Break</td>
<td></td>
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<tr>
<td>10:50 am</td>
<td>Diagnosis and Treatment of Unusual Medical and Developmental Issues in Foster Care and Adoption</td>
<td>Elaine Schulte, MD, MPH, FAAP</td>
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<tr>
<td>11:40 am</td>
<td>Question and Answer Session</td>
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<tr>
<td>11:50 am</td>
<td>Break</td>
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</table>
## Council on Foster Care, Adoption, & Kinship Care

### Council Program Continued
**Monday, October 26th**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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</thead>
<tbody>
<tr>
<td>12:00 pm</td>
<td>Tonniges Award and Business Lunch</td>
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<tr>
<td>Afternoon Abstract Presentations:</td>
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<tr>
<td>Moderator: <em>Linda Sagor, MD, MPH</em></td>
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<tr>
<td>1:25 pm</td>
<td>A Triage Tool to Assess Health Needs for Children Entering Foster Care</td>
<td><em>Kelly L. Hodges, MD, FAAP</em></td>
</tr>
<tr>
<td>1:50 PM</td>
<td>Outcome of Substance Exposed Full Term Vs Premature Infants Placed in Foster Care</td>
<td><em>Lauren M. Knightly, BA</em></td>
</tr>
<tr>
<td>2:10 PM</td>
<td>The Pediatric Provider's Approach to the Sexual Health of the Fostered Adolescents</td>
<td><em>Melissa C Jones, MD</em></td>
</tr>
<tr>
<td>2:30 PM</td>
<td>The Diagnosis and Treatment of ADHD Among Children in Foster Care Using Medicaid Claims Data, 2011</td>
<td><em>Melissa Danielson, MSPH</em></td>
</tr>
<tr>
<td>2:50 PM</td>
<td>Assessing Foster Parents' Perception of Their Preparedness to Care for the Child Exposed to Early Toxic Stress</td>
<td><em>Jennifer Perez</em></td>
</tr>
<tr>
<td>3:10 PM</td>
<td>Trauma Informed Care for Youth in Foster Care</td>
<td><em>Julie S. Steele, DNP</em></td>
</tr>
<tr>
<td>3:30 PM</td>
<td>Determining Health Care Utilization of Children Placed into Foster Care from the Hospital Electronic Medical Record</td>
<td><em>Philip V. Scribano, D.O., M.S.C.E</em></td>
</tr>
<tr>
<td>3:50 PM</td>
<td>Evidence-Based Parenting Training of Foster Parents Improves Empathy and Skills</td>
<td><em>Moira A. Szilagyi, MD PhD</em></td>
</tr>
<tr>
<td>4:10 PM</td>
<td>Placement Stability in Therapeutic and Non-Therapeutic Foster Care Placements in South Carolina</td>
<td><em>Elizabeth Wallis, MD, MSHP</em></td>
</tr>
<tr>
<td>4:30 PM</td>
<td>End of Afternoon Session</td>
<td></td>
</tr>
</tbody>
</table>
### Council on Foster Care, Adoption, & Kinship Care

#### Other Council Sponsored/Related Sessions

**Friday, October 23rd**

<table>
<thead>
<tr>
<th>Code</th>
<th>Session Title</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>C0015</td>
<td>The Trauma-Informed Pediatrician: Identifying Toxic Stress and Promoting Resilience</td>
<td>11:30 am – 5:30 pm</td>
<td>Marriott Marquis, Independence Ballroom</td>
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</tbody>
</table>

The Adverse Childhood Experiences (ACE) Study demonstrates that the more adverse experiences a child has, the greater the likelihood the child will have physical and mental health challenges. Issues such as child maltreatment, exposure to interpersonal violence or parental drug use can last into adulthood, possibly resulting in premature death. However, if identified and addressed early, the biological impact of toxic stress can be minimized. In this session, pediatricians will learn how to identify and address toxic stress in the lives of their patients and families. Practitioners will identify how to access resources that help promote resilience, giving children and adolescents an opportunity to live a healthy life.

Faculty: Nadine Burke Harris, MD, MPH, FAAP; Heather Forkey, MD, FAAP; Robert Gillespie, MD, MHPE, FAAP; Robert Block, MD, FAAP; Lawrence Wissow, MD, MPH, FAAP

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**Saturday, October 24th**

<table>
<thead>
<tr>
<th>Code</th>
<th>Session Title</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>F1032</td>
<td>Trauma and Stress in the DSM-5: Important Diagnoses in Pediatrics</td>
<td>8:30 am – 9:15 am and 3:00 pm – 3:45 pm</td>
<td>Convention Center, 207 B</td>
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</table>

This session will review the section of the DSM-5 dedicated to trauma and stress-related diagnoses. Faculty will review the new diagnoses and changes in criteria for disorders including: PTSD with attention to new criteria for children 6 years and younger, reactive attachment disorder, acute stress disorder, disinhibited social engagement disorder, adjustment disorder, and trauma and stress-related disorder. Case presentations will be used to illustrate the impact of these changes in diagnosing and accessing services for the pediatric population.

Faculty: Mary Margaret Gleason, MD, FAAP

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**Sunday, October 25th**

<table>
<thead>
<tr>
<th>Code</th>
<th>Session Title</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>F2139</td>
<td>Every Tantrum Does Not Need a Tranquilizer</td>
<td>4:00 pm – 4:45 pm</td>
<td>Convention Center, 202 B</td>
</tr>
</tbody>
</table>

This session will discuss how to respond to a parent’s or caregiver’s insistence to prescribe psychotropic medication for behavioral/mental health issues. Review of evidence-based, nonmedication-based interventions that are effective for certain diagnoses, review of what medication can and cannot do, and highlighting risks/benefits of medication classes, will be provided so that the pediatrician has the knowledge required to discuss the options. Strategies for engaging the parent in considering the range of appropriate treatment options will be reviewed.

Faculty: Lawrence Wissow, MD, MPH, FAAP
Monday October 26th – See above for full Council Program Schedule

I3094 Mitigating the Impact of Childhood Poverty and Promoting Child Welfare
2:00 pm – 3:30 pm
Convention Center, 144 A

This session will present an overview of childhood poverty in the United States. Topics of focus will include the epidemiology of US poverty, and the impact of poverty on health, development, and overall well-being. Interventions that can impact the number of children living in poverty and those that can alleviate the effects of poverty on child welfare, well-being, and long-term outcomes will be discussed.

Faculty: Rebecca Baum, MD, FAAP

S3150 Troubled Teens and Their Care: How Do Pediatricians Engage and Support High-Risk Youth?
4:00 pm – 5:30 pm
Convention Center, 207A

This session will discuss the challenges faced in caring for high-risk youth (foster care, homeless, incarcerated youth, LGBTQ) with regard to psychosocial issues, which are intimately tied to their medical health and overall well-being. Case examples will help to illustrate strategies to engage youth to disclose and discuss psychosocial issues which can serve as barriers to the youth’s ability to access and utilizes medical, mental health and other resources that are needed to potentially to change their trajectory of high risk behaviors and support their well-being.

Faculty: Jeremy Harvey, Lawrence Wissow, MD, FAAP

Tuesday, October 27th

F4005 Every Tantrum Does Not Need a Tranquilizer
7:30 am – 8:15 am
Convention Center, 146A

This session will discuss how to respond to a parent’s or caregiver’s insistence to prescribe psychotropic medication for behavioral/mental health issues. Review of evidence-based, nonmedication-based interventions that are effective for certain diagnoses, review of what medication can and cannot do, and highlighting risks/benefits of medication classes, will be provided so that the pediatrician has the knowledge required to discuss the options. Strategies for engaging the parent in considering the range of appropriate treatment options will be reviewed.

Faculty: Lawrence Wissow, MD, MPH, FAAP
P4051 Abandonment at Eighteen: Pitfalls of Transition
11:50 am – 12:10 pm
Convention Center, Ballroom A-C

This session will highlight the major issues that youth face when transitioning out of foster care and the need to support and prepare these youths for successful independent trajectories. Important issues to consider include deferring aging out of foster care from 18 to 21 years, health care and access to insurance until age 26 for foster care alumni (impact of ACA), living arrangements, vocational/college support, teaching youth skills, providing foundations to live and succeed on their own, and to establish a supportive social network. Session content will identify ways pediatricians can help youth in foster care make a successful transition into adulthood.

Faculty: Jeremy Harvey
While efforts are made to protect children and adolescents from any type of traumatic event and toxic stress, many will still have some type of adverse experience. The Adverse Childhood Experiences (ACE) Study demonstrates that the more adverse experiences a child has, such as child maltreatment, exposure to interpersonal violence, or parental drug use, the greater the likelihood the child will have physical and mental health issues that can last into adulthood, possibly resulting in premature death. However, if identified and addressed early, the biological impact of toxic stress can be minimized. In this session, pediatricians will learn how to identify and address toxic stress in the lives of their patients and families and access resources to promote resilience, providing children and adolescents an opportunity to live a healthy life.

**LEARNING OBJECTIVES**

At the end of this program, the learner will be able to:

1. Describe various types of toxic stress suffered by children and adolescents, including child maltreatment, exposure to multiple forms of violence, neglect, etc.

2. Define strategies for identifying children and adolescents who have been exposed to toxic stress, including symptom manifestation.

3. Identify tools, approaches and resources to manage patients exposed to toxic stress.

4. Discuss strategies for promoting resilience in children, adolescents and families.

*Sponsored by Section on Child Abuse and Neglect; Council on Foster Care, Adoption, and Kinship Care; Council on Injury, Violence and Poison Prevention; Section on Adolescent Health; and Section on Developmental and Behavioral Pediatrics*
Experience Monumental Education
Through Peds 21 Program Track
on Toxic Stress and Resilience

SATURDAY, OCTOBER 24 – TUESDAY, OCTOBER 27

- Joint Program: Section on Child Abuse & Neglect and Council on Injury, Violence & Poison Prevention (H1017)
- Council on School Health Program (H1023)
- Trauma and Stress in the DSM-5: Important Diagnoses in Pediatrics (F1032/F1132)
- Talking to Teens: Learning New Tips Through an Interview With a Simulated Patient (1047/I1151)
- Epigenetics and Complex Traits: How Toxic Stress Leads to Changes in the Genome (S1053)
- When It’s NOT Child Abuse: What Could It Be? The Differential Diagnosis of Maltreatment (S1118/S3039)
- An Epidemic of Bullying (F1140/F2129)
- Sex Trafficking of Boys, Girls and Transgender Youth: The Pediatrician as a First Responder (F2025)
- Every Tantrum Does Not Need a Tranquilizer (F2139/F4005)
- Helping Families Where “Health Begins”: Practical Tips to Address Social Determinants of Health in Practice (I2154)
- The Role of the Pediatrician in Addressing Early Childhood Adversity (F3024)
- Office Management of Common Behavior Problems (S3042/S4076)
- Council on Foster Care, Adoption & Kinship Care Program (H3049)
- Office Based Care for LGBTQ Adolescents and Young Adults (F3082/F4057)
- Spanking: The Why and How of Counseling Families on Alternative Discipline Measures (F3083)
- Mitigating the Impact of Childhood Poverty and Promoting Child Welfare (I3094)
- Teen Suicide: Screening and Prevention for the Teen at Risk (F3111/F4090)
- Evidence-Based Interventions for Common Behavior Problems (F3113/F4061)
- What If Someone Knew? Intimate Partner Violence (F3115)
- Troubled Teens and Their Care: How Do Pediatricians Engage and Support High-Risk Youth? (S3150)
- Safe From Harm: Protecting Youth in Organized Activities (F4009)
- Balancing Childhood Adversity with Resilience: The Health Effects of Positive Exposure “HOPE” (P4048)
- Abandonment at Eighteen: Pitfalls of Transition (P4049)
- Let’s Not Miss Child Neglect (F4058)

THE DEADLINE TO SUBMIT ABSTRACTS FOR THE 2015 NATIONAL CONFERENCE IS APRIL 10, 2015
AAPexperience.org/abstracts

PEDS 21—THE TRAUMA-INFORMED PEDIATRICIAN: IDENTIFYING TOXIC STRESS AND PROMOTING RESILIENCE (C0015)
FRIDAY, OCTOBER 23 • 11:30AM – 5:30PM

The Self-Assessment portion of this course, titled 2015 Peds 21 – Violence and Trauma MOC Self-Assessment, has been approved for 10 points of the American Board of Pediatrics (ABP) MOC Part 2 credit.

In order to receive the MOC credit:
1. Register to attend the 2015 National Conference & Exhibition.
2. Complete the online, pre-course self-assessment prior to the start of Peds 21.
3. Attend the Peds 21 session.
4. Complete the online, post course self-assessment with a minimum passing score of 80%.

The Self-Assessment portion of this course is approved through the AAP MOC Portfolio Program for 10 points by the American Board of Pediatrics for MOC Part 2.

The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The AAP designates this live activity for a maximum of 49.75 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

MONUMENTAL