



Good morning Chairman Harkin, Ranking Member Alexander, and Members of the Committee. Thank you for inviting me to speak with you today on this critical issue. I am John Arch, Executive Vice President of Health Care at Boys Town, and Director of Boys Town National Research Hospital in Omaha, Nebraska.

I would first like to thank Chairman Harkin for his ongoing support of the work of Boys Town National Research Hospital over the years, and his personal interest in continuing to raise awareness of today's issue in Congress and the administration.

I am honored to represent Boys Town, an institution founded in Omaha, Nebraska, in 1917 by Father Edward Flanagan. Boys Town provides care to youth in nine states, directly serving more than 72,000 children each year. While Boys Town cares for a large number of children, our mission is more far-reaching. The Boys Town mission is to "Change the way America cares for children, families, and communities." That mission shapes everything we do, including our efforts to address the national concern regarding the appropriate use of psychotropic medication in the treatment of children.

Boys Town's services are organized in two major divisions: youth care and health care. The youth care division offers residential care, family counseling, foster care, and in-home services among its many programs. The health care division, for which I am responsible, provides medical care and conducts medical research, focusing on communication disorders in children,

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and behavioral health. The health care division serves 45,000 children annually, including the most troubled children cared for by Boys Town in our Residential Treatment Center. Since opening the Center in 1996, we have treated children from 38 states.

Our Treatment Center provides a secure environment that is designed to offer medically-directed care for more seriously troubled youth. These youth require supervision, safety and therapy but do not require inpatient psychiatric care. Each day we care for more than 80 children from ages 5 to 18 with an average length of stay of approximately 120 days.

These children do not require acute inpatient care but need a very structured environment to treat their conditions. Their problems commonly include school failures, aggression, self-injury, property damage and a history of police and court involvement. The majority of the children have not been successful in lower levels of care and have experienced multiple placements within the mental health system. Without intensive treatment, their futures hold little promise.

Our medically-directed programs base treatment on Boys Town's distinctive bio-psychosocial model. This model of care creates a milieu where medical, psychological and behavioral treatment of children can be coordinated.

Our model of care is very behavior focused. Children spend each day with specially trained and motivated staff. All staff members actively teach appropriate behavior to replace individual problem behaviors identified when a child enters the program. Children also are taught self-control options to be used in times of stress or in situations where they have historically used inappropriate coping behavior.

Approximately 79% of the children who are admitted to our Treatment Center are being prescribed multiple psychotropic medications at the time of admission, with some taking as many as eight to control their behavior. We are very concerned with the lack of scientific evidence regarding the safety and efficacy of these drugs in young patients, especially the potential long-term effects on their development. According to our physicians, these medications, when appropriately prescribed, can successfully combat depression, anxiety, psychosis, ADHD and many other mental health disorders in children. However, children may also experience weight gain, sedation, pre-diabetes and disruptions in hormones while on these medications. These children may also experience developmental problems that affect educational achievement and last into adulthood. Our overall treatment philosophy is to appropriately use psychotropic medication in combination with behavioral and other treatment modalities.

We treated a young man I will call David a few years ago who had been in and out of the mental health system several times. He had extreme temper issues and eventually was arrested for assault. The judge referred him to our Treatment Center. At the time he was admitted, he weighed more than 300 pounds and was taking multiple psychotropic medications prescribed by different physicians. During his time with us, he was tapered off several of his medications and the level of the other medications was reduced. With treatment and appropriate medication he improved and was able to step down to one of Boys Town's residential family homes where he went on to graduate from high school near the top of his class and enrolled at a local university to study engineering.

With our approach, we have been able to achieve a significant reduction in medication among the children we treat.

A recent study conducted at our Treatment Center, utilizing a medication management program within the structure of our strong behavioral treatment model, demonstrated a 33% reduction in the number of youth on any psychotropic medication and a 38.2% reduction in the average number of medications being prescribed at the time of discharge. The study was a part of a nationwide research project conducted by Boys Town in collaboration with other organizations. I have provided the results of that project to the committee.

Children are succeeding with our treatment model, but our Boys Town mission compels us to do more.

In 2012, Boys Town hosted a diverse group of researchers, physicians, human service organizations and other child advocates from across the United States for a two-day conference funded by the National Institute of Mental Health to discuss the use of psychotropic medications to treat children. Going forward, research teams will examine the forces that drive the current high medication rates, establish processes for taking children off the medications when appropriate, and define effective management of medication use within the context of other treatments.

It was apparent from this conference and other sources that additional research is needed in this field. Therefore, Boys Town launched a new research initiative with its Center for Neurobehavioral Research in Children, located at Boys Town National Research Hospital. Our Research Center is building on recent research to develop alternative intervention methods. Boys Town's long history of providing effective care and the Hospital's successful 40 years of research position our Research Center to become a state-of-the-art collaborative effort that will offer evidence-based solutions for treatment to the larger mental health community.

To better understand whether these medications do have a therapeutic benefit, our Research Center is currently partnering with the National Institute of Mental Health to investigate the effects of these medications on brain functioning using imaging technology.

Chairman Harkin, Ranking Member Alexander, and Members of the Committee, I want to thank you for inviting me to testify today.

We encourage members of the committee to support research funding to better understand the effects of psychotropic medication in children, to develop effective alternatives to treatment, and to ensure that those alternative treatment programs are available to clinicians and families in communities across the United States.

Thank you again for this opportunity to speak to you today.