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Representative Anna Williams, Chair

Representative Gary Leif, Vice-Chair

Representative Ricki Ruiz, Vice-Chair

House Committee on Human Services Members

RE: House Bill 2333

My name is Ben West; I am a registered nurse, the Executive Director of Oregon Foster Families First, and a Wilsonville City Councilor (not acting in my role as Wilsonville City Councilor). I am also a former therapeutic foster parent and adopted my son Jay from Oregon's foster care system. Attached to this cover letter is a policy review, supported by peer-reviewed studies and completed with an academic nursing viewpoint supporting HB 2333.

Oregon has a history of lacking oversight and transparency around the care and use of mind-altering drugs dispensed to children in foster care. HB 2333 gathers vital data consistently and accurately on the number and rate of psychotropic medications prescribed to a child in state care. Furthermore, it requires Oregon's Department of Human Services to report the findings quarterly. The data is valuable because it will inform policy and increase transparency. Please vote HB 2333 out of committee and submit the bill for a full floor vote. If you have any further questions, please don't hesitate to contact me.

Sincerely,

Ben West, BSN, RN

Oregon Foster Families First
Executive Director

Oregon HB 2333: Policy proposal to montor and prevent over-prescribing psychotropic drugs in Oregon's foster care children

Anne-Marie Hinish, MSN, RN, CCRN-K

Ben West, BSN, RN

Oregon Foster Families First

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There are nearly half a million children in foster care in the United States, with about 41% of the foster care children five years and younger and a median age of 8 years old (Carabez & Kim, 2019; Lohr & Jones, 2016; Scheid, 2020). Many children placed in foster care have routinely experienced trauma or hardships, with 85% witnessing violence and 51% being victims of violence in their lifetime (Lohr & Jones, 2016). These adverse conditions affect the brain chemistry and circuitry, predisposing the youth to disruptive physiologic responses to the chronic toxic stress resulting in as many as 40-80% of foster care children with significant mental health needs due to their unique social and emotional backgrounds (Lohr & Jones, 2016; Scozzaro & Janikowski, 2015).

Attention deficit disorder, hyperactivity, oppositional defiant, and conduct disorders are the most prevailing conditions found in foster care children. Other common diseases include anxiety disorders, eating disorders, and mood disorders, including depression and mania, and disruptive behavioral disorders (Lohr & Jones, 2016; Narendord et al., 2011; Scozzaro & Janikowski, 2015). Posttraumatic stress disorder is also prevalent in foster care, with almost 25% of children in foster care reporting PTSD compared to 4% of their non-foster care peers (Lohr & Jones, 2016).

Despite the extensive documentation that children in foster care have a higher prevalence of chronic health conditions, they often do not have physical, emotional, or medical needs met due to an overwhelmed childcare system (Carabez & Kim, 2019). Psychotherapy is the recommended gold- standard treatment, with pharmacotherapy advised as an adjunct for behavioral and mental health disorders (Scheid, 2020). However, it can often be challenging to

provide psychotherapy due to barriers such as the fragmentation of care, little available information on biological family, early development history, or records from previous treatment, unavailability of parents, foster parents' inability or unwillingness to manage the child without medication, and risk of losing placement (Lohr & Jones, 2016; Scheid, 2020).

Foster care children have about three times the treatment rate with psychotropic medication and polypharmacy than the general pediatric population and are regularly treated with medication for a longer duration (Lohr & Jones, 2016; Scozzaro & Janikowski, 2015). The increased prevalence of psychotropic drugs often is not supplemented with adjunct behavioral health treatment (Lohr & Jones, 2016; Scozzaro & Janikowski, 2015). In many instances, the youth receive a combination of two or three psychotropic medications (polypharmacy) (Naylor et al., 2007). Studies have shown that as many as one-third of foster care children receiving psychotropic drugs receive no planning or medication monitoring (Theobald, 2018).

Evidence shows that children prescribed antipsychotic medication are at increased risk for depression, suicidal ideation, significant weight gain, metabolic changes, and diabetes (Lohr & Jones, 2016; Narendord et al., 2011; Scheid, 2020). An additional concern regarding the over-use of psychotropic medications in the foster care population is that use of many of these drugs in adolescents is considered "off label." Naylor et al. (2007) indicate that a review of the Physician Desk Reference (PDR) shows that approximately 45% of medication prescribed for the treatment of mental and behavioral illness in children is "off-label" and not approved for patients under 18 years old. The high rate of off-label use combined with the lack of oversight and monitoring of the medications, risk of detrimental side effects, and fragmented care raise the concern for better regulations around the practice of prescribing psychotropic medications in foster care children.

The proposed Oregon State legislation directs the Department of Human Services (DHS) to report information regarding the prescription of psychotropic medications to children in foster care, creates new provisions, and amends ORS 418.517 (State of Oregon House Bill 2333, 2021). The new clauses dictate that DHS shall report to the legislature the number of psychotropic medications in which children in foster care are prescribed. The report will be broken out the following way; by the number of children in each age group who are receiving: (1) not more than two psychotropic medications; (2) children receiving three to four psychotropic medicines; (3) Those receiving five or more psychotropic medications (State of Oregon House Bill 2333, 2021). Additionally, identifying information for the licensed provider prescribing the drug and the number of children assessed by each qualified mental health professional or licensed provider (State of Oregon House Bill 2333, 2021).

Oregon's Office of Child Welfare is tasked with the monumental undertaking of caring and providing for one of Oregon's most vulnerable populations. Recent reports show that over 11,000 Oregon children spend at least one day in the foster care system for the whole year and a daily average of 7,600 (Richardson & Memmott, 2018). Children in Oregon's foster care system range from infancy to the age of 18, but a young person can receive services for a more extended period depending on circumstances (Richardson & Memmott, 2018). Furthermore, $1.06 billion, or roughly $500 million annually, half of which comes from the State's General Fund (Richardson & Memmott, 2018).

Oregon has a long track record of not adequately or effectively managing or providing competent oversight to children in Oregon's foster care system. Corrett (2019), the Executive Director of Disability Rights Oregon, astutely asserted that Oregon's child welfare lacks oversight, and the State is failing to meet the developmental, behavioral, and mental health needs

of children. Furthermore, the Oregon Secretary of State's landmark audit addresses the enormity of the problem that many children transitioning into the foster care system have care-needs related to trauma, behavioral and mental health issues, and even drug addiction (Richardson & Memmott, 2018). Currently, the problem has become more pronounced with 30-40% reductions in bed capacity in the Oregon Health Authority's Children's Mental Health Services Program for high-level psychiatric conditions (Richardson & Memmott, 2018).

In 2016, DHS received low scores on the Federal Child and Family Services Review, which is performed every six years, and historically Oregon has not performed well (Richardson & Memmott, 2018). The last assessment results showed that Oregon did not meet any of the seven outcome measures and did not meet five of the seven systemic factors (Richardson & Memmott, 2018). For example, the review showed the inconsistent application of procedures across the State during the investigatory process and a lack of follow-up on allegations of abuse of children in foster care (Richardson & Memmott, 2018). Additionally, there have been an onslaught of DHS and media reports dealing with improper use of funds, inadequate and substandard housing, safety risks, unreported or untimely reported abuse, inadequate treatment of behavioral and mental health needs, and even multiple cases of children dying in care.

The children in Oregon's foster care system are all of our children, and we must do better; now is the time to make them our top priority. Please pass HB 2333 out of committee. Some improvements have been implemented since the Secretary of State's audit, but there is still far more to do. HB 2333 will provide essential data that will ensure better oversight and care of children who are prescribed psychotropic or mind-altering medications. Legislation like this is a valuable tool to ensure that children receive ethical and therapeutic mental health treatment and help prevent the over-prescription of drugs to children in foster care.

References

Carabez, R., & Kim, J. E. (2019). Part 1: The role of public health nursing in addressing health care needs of children. *Public Health Nursing*, *36*, 702–708. Retrieved February 24, 2021, from https://doi.org/10.1111/phn.12647

Cornett, J. (2019, December 18). Opinion: Children in foster care need quick access to mental health care. *The Oregonian*. Retrieved February 28, 2021, from https://www.oregonlive.com/opinion/2019/12/opinion-children-in-foster-care-need-quick-access-to-mental-health-care.html

Lohr, D. W., & Jones, F. (2016). Mental health issues in foster care. *Pediatric Annals*, *45*(10), e342–e347. Retrieved February 24, 2021, from https://doi.org/10.3928/19382359-20160919.01

Narendord, S. C., Bertram, J., & McMillen, J. C. (2011). Diagnosis and medication overload? A Nurse review of the psychiatric histories of older youth in treatment foster care. *Child Welfare*, *90*(3), 27–43. Retrieved February 24, 2021, from https://www.proquest.com/docview/918230612/7DAF4495D21E42DFPQ/1

Naylor, M. W., Davidson, C. V., Ortega-Piron, D. J., Bass, A., Gutierrez, A., & Hall, A. (2007). Psychotropic medication management for youth in state care: Consent, oversight, and policy considerations. *Child Welfare League of America*, *86*(5), 175–192. Retrieved February 24, 2021, from https://doi.org/https://www.proquest.com/docview/213808250/D0B4AF75B8414537PQ/1

Richardson, D., & Memmott, K. (2018, January). *Foster care in Oregon: Chronic management failures and high caseloads jeopardize the safety of some of the state's most vulnerable*

[Oregon Secretary of State audit on the Department of Human Services Child Welfare System PDF]. https://sos.oregon.gov/audits/Documents/2018-05.pdf. Retrieved February 24, 2021, from https://sos.oregon.gov/audits/Documents/2018-05.pdf

Scheid, J. M. (2020). Challenges and strategies in foster care. *Psychatric times*, *37*(5), 6, 28–31. Retrieved February 24, 2021, from https://www.psychiatrictimes.com/view/challenges-and-strategies-foster-care

Scozzaro, C., & Janikowski, T. P. (2015). Mental health diagnosis, medication, treatment and placement milieu of children in foster care. *Journal of Child and Family Studies*, *24*(9), 2560–2567. Retrieved February 24, 2021, from https://doi.org/10.1007/s10826-014-0058-6

State of Oregon House Bill 2333, H.B. 2333, 81st Oregon Legislative Assembly. (2021). https://olis.oregonlegislature.gov/liz/2021R1/Downloads/MeasureDocument/HB2333/Introduced

Theobald, B. (2018, September 24). Study: No oversight of foster kids on psychotropic drugs: Some say medications used to control behavior. *The Burlington Free Press*, B3. Retrieved February 24, 2021, from https://doi.org/http://ezproxy.liberty.edu/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fnewspapers%2Fstudy-no-oversight-foster-kids-on-psychotropic%2Fdocview%2F2112560435%2Fse-2%3Faccountid%3D12085