



Oregon

Kate Brown, Governor

Department of Human Services

Office of the Director

500 Summer St. NE, E-15

Salem, OR 97301

Voice: 503-945-5600

Fax: 503-581-6198

May 7, 2021

The Honorable Senator Gelser, Chair
The Honorable Senator Anderson, Vice-Chair
Senate Committee on Human Services, Mental Health and Recovery Members
900 Court Street NE
Salem, OR 97301-4048



Re: Follow up and clarification in response to the Public Hearing on HB 2333A on May 6th

Request: Is the language in HB 2333A sufficient for the Oregon Department of Human Services Child Welfare Division to distinguish in rule that information for fewer than two prescriptions should be collected?

Response: Yes, and this information is already being collected.

Request: Will the data collected be aggregated to ensure children are not counted more than once?

Response: Yes, the data currently being collected follows the child.

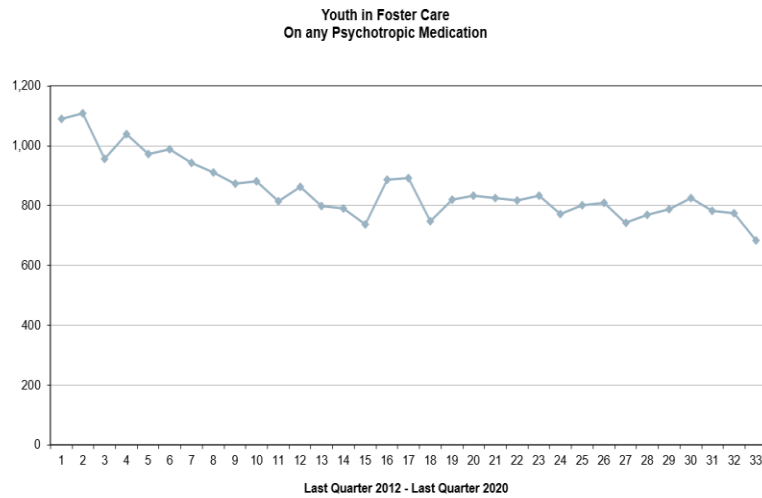
The current practice for psychotropic prescription review and authorization is:

- An annual review of all youth in foster care who are on psychotropic medications during their birth month and as requested by caseworkers. Though new prescription requests by providers are reviewed the same day as the request.
- If there is a prescribing concern during an annual review, additional record requests are made, if the concern remains with the additional information, Child Welfare arranges for the provider to speak with an Oregon Psychiatric Access Line About Kids (OPAL-K) child psychiatrist. During the call, the child psychiatrist reviews the overall care of the youth and discusses non-medical strategies as well as alternatives to the current approach.
- For new prescriptions, if there are concerns the authorization does not move forward until there is a call between the provider and OPAL K to explore other options as described above.

Also for additional clarification on points made, in 2009 the Oregon Legislature passed House Bill 3114, which amended Oregon Revised Statute 418.571 concerning psychotropic medication for children in foster care. As result, the ODHS Child Welfare Division built a robust oversight structure of psychotropic prescribing for youth in foster care in Oregon. Child Welfare has seen a downward trend in prescribing and current Oregon rates of psychotropic prescribing are in the lowest (9%) as compared to the rest of the nation. Please see the graph below.

“Assisting People to Become Independent, Healthy and Safe”

FiscalYear	ReportDate	Quarter	Denom_101	Quarter Count
2012 - 2013	12/31/2012	4	1,089	1
2012 - 2013	3/31/2013	1	1,109	2
2012 - 2013	6/30/2013	2	955	3
2012 - 2013	9/30/2013	3	1,040	4
2013 - 2014	12/31/2013	4	973	5
2013 - 2014	3/31/2014	1	988	6
2013 - 2014	6/30/2014	2	943	7
2013 - 2014	9/30/2014	3	910	8
2014 - 2015	12/31/2014	4	874	9
2014 - 2015	3/31/2015	1	882	10
2014 - 2015	6/30/2015	2	814	11
2014 - 2015	9/30/2015	3	863	12
2015 - 2016	12/31/2015	4	799	13
2015 - 2016	3/31/2016	1	790	14
2015 - 2016	6/30/2016	2	736	15
2015 - 2016	9/30/2016	3	888	16
2016 - 2017	12/31/2016	4	891	17
2016 - 2017	3/31/2017	1	748	18
2016 - 2017	6/30/2017	2	820	19
2016 - 2017	9/30/2017	3	834	20
2017 - 2018	12/31/2017	4	825	21
2017 - 2018	3/31/2018	1	816	22
2017 - 2018	6/30/2018	2	833	23
2017 - 2018	9/30/2018	3	771	24
2018 - 2019	12/31/2018	4	801	25
2018 - 2019	3/31/2019	1	810	26
2018 - 2019	6/30/2019	2	742	27
2018 - 2019	9/30/2019	3	770	28
2019 - 2020	12/31/2019	4	788	29
2019 - 2020	3/31/2020	1	824	30
2019 - 2020	6/30/2020	2	782	31
2019 - 2020	9/30/2020	3	774	32
2020 - 2021	12/31/2020	4	683	33



In the development of the current oversight structure a task force was pulled together and consisted of stakeholders that included youth advocates, family advocates, behavioral health providers, child psychiatrists, pediatricians, and others to examine approaches to ensure the appropriate use of psychotropics for this population.

Through the process the task force identified the need for youth, foster parents, providers, and ODHS workers to all be well informed about the impact of trauma on children’s emotions and behaviors. This resulted in the development of tip sheets and trainings focused on trauma informed practices (including Collaborative Problem Solving).

Other components of the oversight structure include:

- Trainings for youth, care givers and providers on psychotropic prescribing and how to participate in a productive office visit.
- A robust pharmacy driven monitoring system that identified practices that called for further review of records and the potential need to speak to the prescribing providers.
- Centralized authorization process for a prescription, which requires review by the ODHS Nursing Team for new prescriptions who consult with the Oregon Psychiatric Access Line About Kids (OPAL-K) as needed.

For more information please contact:

Soren Metzger
 Senior Legislative Policy Analyst (Lead)
 ODHS Government Relations Legislative Unit
 Email: soren.k.metzger@dhsosha.state.or.us