Oregon Department of Human Services

House Bill 2333 Updates

Lacey Andreson, Deputy Director, Child Welfare Division
Oregon Department of Human Services

Ajit N. Jetmalani, M.D., Director, Division of Child and Adolescent Psychiatry
Oregon Health & Science University

December 8, 2022

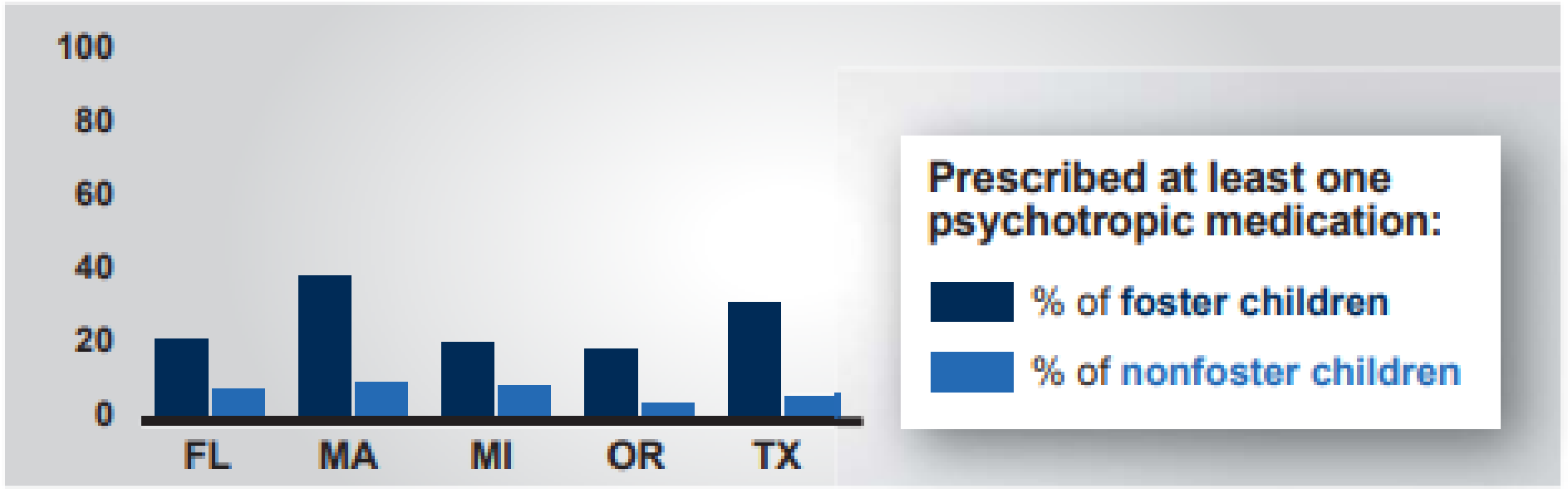
Oregon Department of Human Services

Improving Appropriate Prescribing of Psychotropic Medication for Youth in Foster Care

Historical overview

Oregon in context

Psychotropic Prescription Rates for Foster and Nonfoster Children Age 0-17 in Medicaid Fee-for-Service in Five States



Source: GAO analysis of state Medicaid and foster care data.

History

- In 2009, the Oregon Legislature passed House Bill 3114, which amended Oregon Revised Statute 418.571 concerning psychotropic medication for children in foster care.

- The law went into effect on June 30, 2010, and requires Oregon Department of Human Services (ODHS) and Coordinated Care Organizations (CCOs) to ensure that a **mental health assessment occur before any child in foster care receives more than one new psychotropic medication or any antipsychotic medication,** except in cases of urgent medical need.

Consent to administer

- ODHS rules have long considered psychotropic medications to be above routine medical care.
- Beginning July 1, 2010, ODHS assigned the responsibility of providing consent for psychotropic medications to the local Child Welfare Program Manager or their designee.
- Beginning in 2019, ODHS implemented a registered nurse (with M.D. consultation) authorizations process.

Technical assistance grant:
CHCS Quality Improvement Collaborative

- ODHS and the Oregon Health Authority jointly applied for and were awarded a technical assistance grant from the Center for Health Care Strategies (CHCS) in April 2012.

- Funded by the Annie E. Casey Foundation, the 3-year grant involved ODHS Child Welfare, OHA and the Division of Medical Assistance Programs (DMAP).

- Participating states include Oregon, Illinois, New Jersey, New York, Rhode Island and Vermont.

Oregon goals

- Improve the effectiveness of the consent process for psychotropic medication use;
- Expand collaboration among stakeholders;
- Improve the safety and effectiveness of psychotropic medication use through the application of best practices.
- Reduce use of antipsychotic medications for unapproved indications.
- Reduce polypharmacy use (4 or more psychotropic medications).

Improving the consent process

- We developed tip sheets and distributed them to field offices for use by caseworkers, foster parents, and youth.

- ODHS' psychotropic medication consent process was also reevaluated to determine its effectiveness and efficiency.

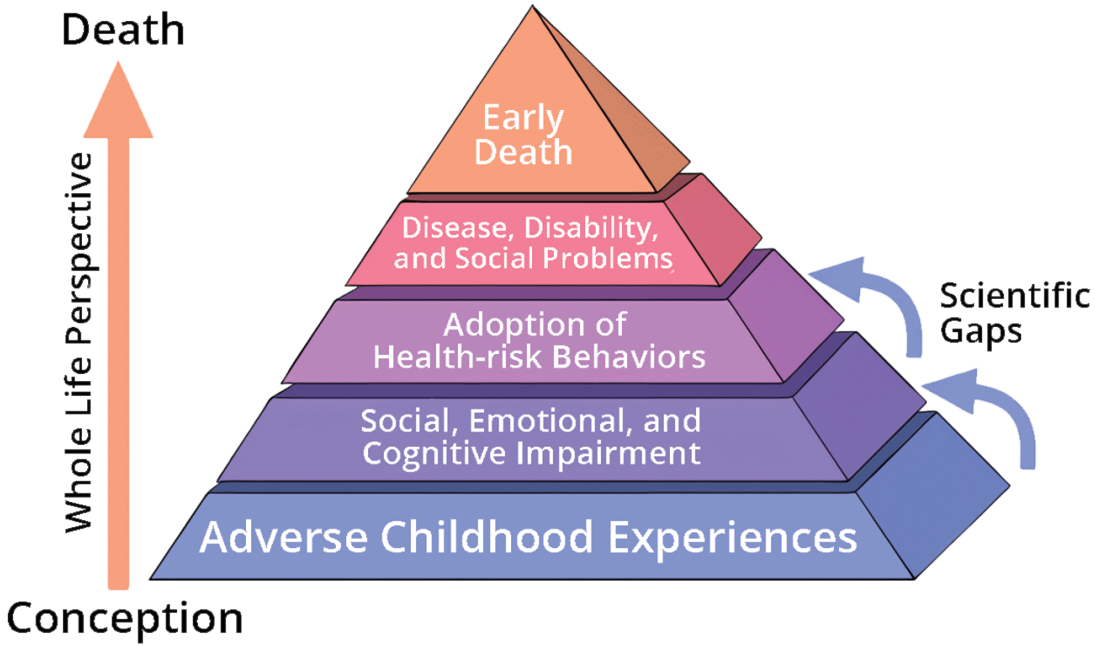
Collaboration and learning

- A **Psychotropic Medication Stakeholder Advisory Committee** was established to define high risk prescribing practices and review common drivers.

- The committee identified **trauma, as an experience underlying aggression**, as the common driver for the use of antipsychotics and polypharmacy.

Improving clinical best practices

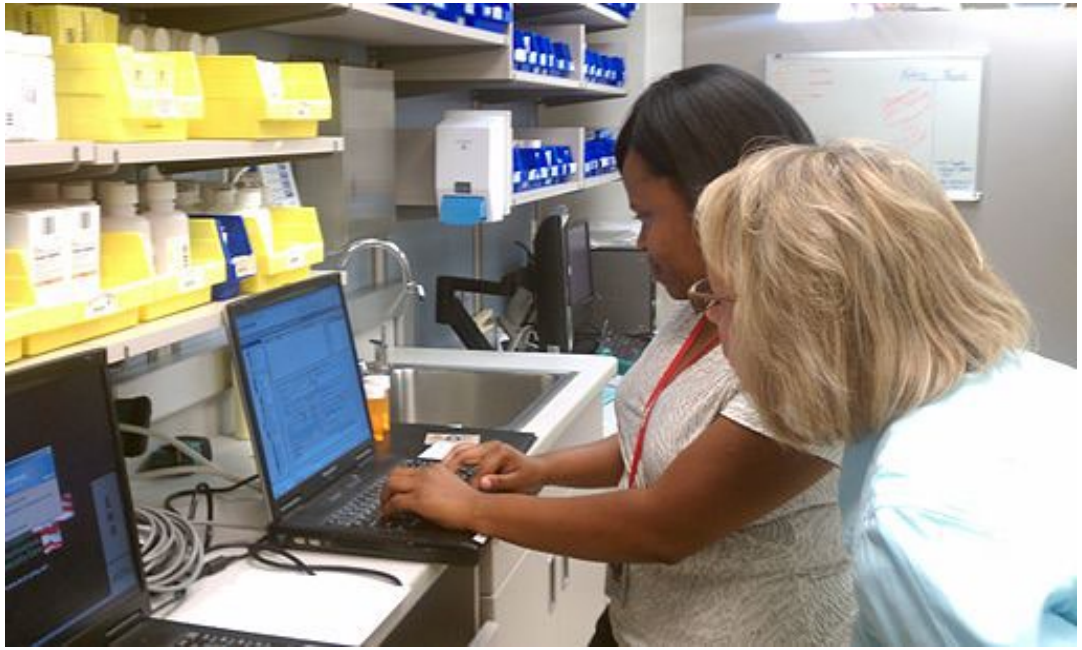
- The **Oregon Psychiatric Access Line about Kids (OPAL-K)** was launched for child psychiatric phone consultation to support primary care providers.
- OPAL-K distributed to providers our newly adopted and trauma-informed **best practice guidelines.**
- A consensus opinion regarding prescribing risk flags was distributed to ODHS case workers and supervisors, as well as to providers and CCOs.
- The effect of trauma on child development, well-being and behavior was emphasized in trainings for youth, care givers, caseworkers and providers.



Prescription monitoring

- We developed a Medicaid pharmacy data system to identify prescribing practices that might necessitate further clinical review (prescribing “flags”).

- Areas of focus included
  - Assuring appropriate use of antipsychotic medications,
  - Reducing the use of psychotropic polypharmacy, and
  - Assuring appropriate use of psychotropic medications for children under six years old.



Child-level consultation

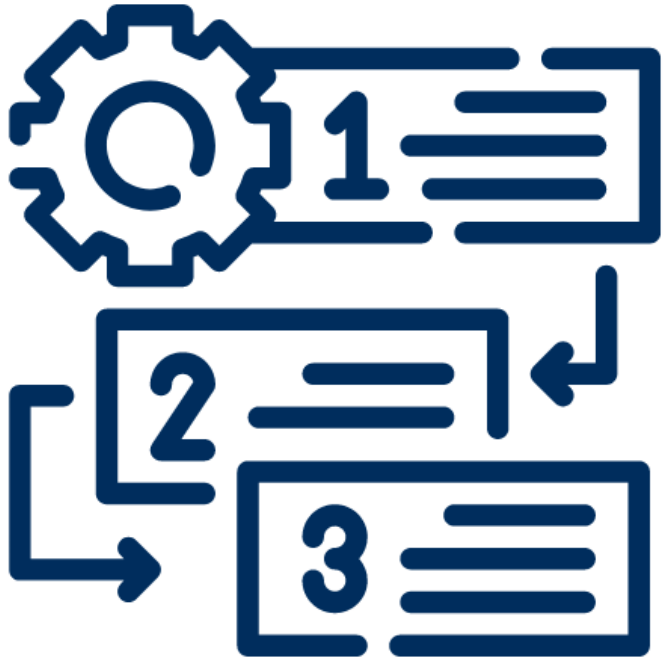
- OPAL-K provides clinical consultations with providers when prescribing flags are raised for youth in foster care.

Data considerations

- Due to lags in reporting from coordinated care organizations (CCOs), the data for youth in foster care from 2012 to 2020 undercount the incidence of treating attention deficit hyperactivity disorder (ADHD) with stimulants.

- The data from 2012 to 2020 reflect a period of declining numbers of youth in foster care, especially infants and young children.

- The current data set accounts for the CCO data lag and also includes some new definitions of medications not considered psychiatric medications in pre 2020 measures. These adjustments increased the rates of prescribing to 12.5 percent (compare to 40 percent in Texas and 12 percent in California, the most regulated state in the nation).

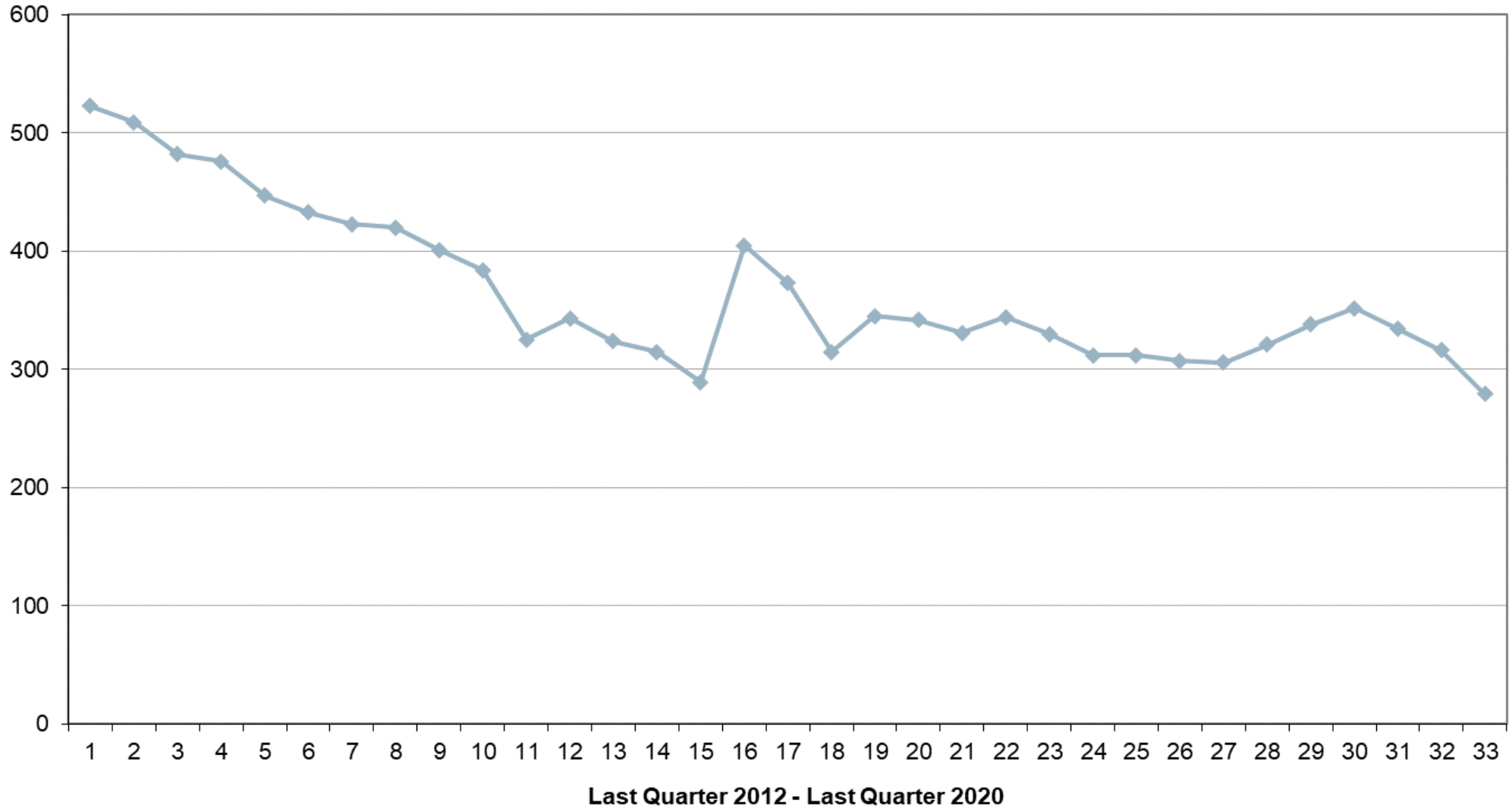


Prevalence of Children Receiving Antipsychotics PMPM x100,000

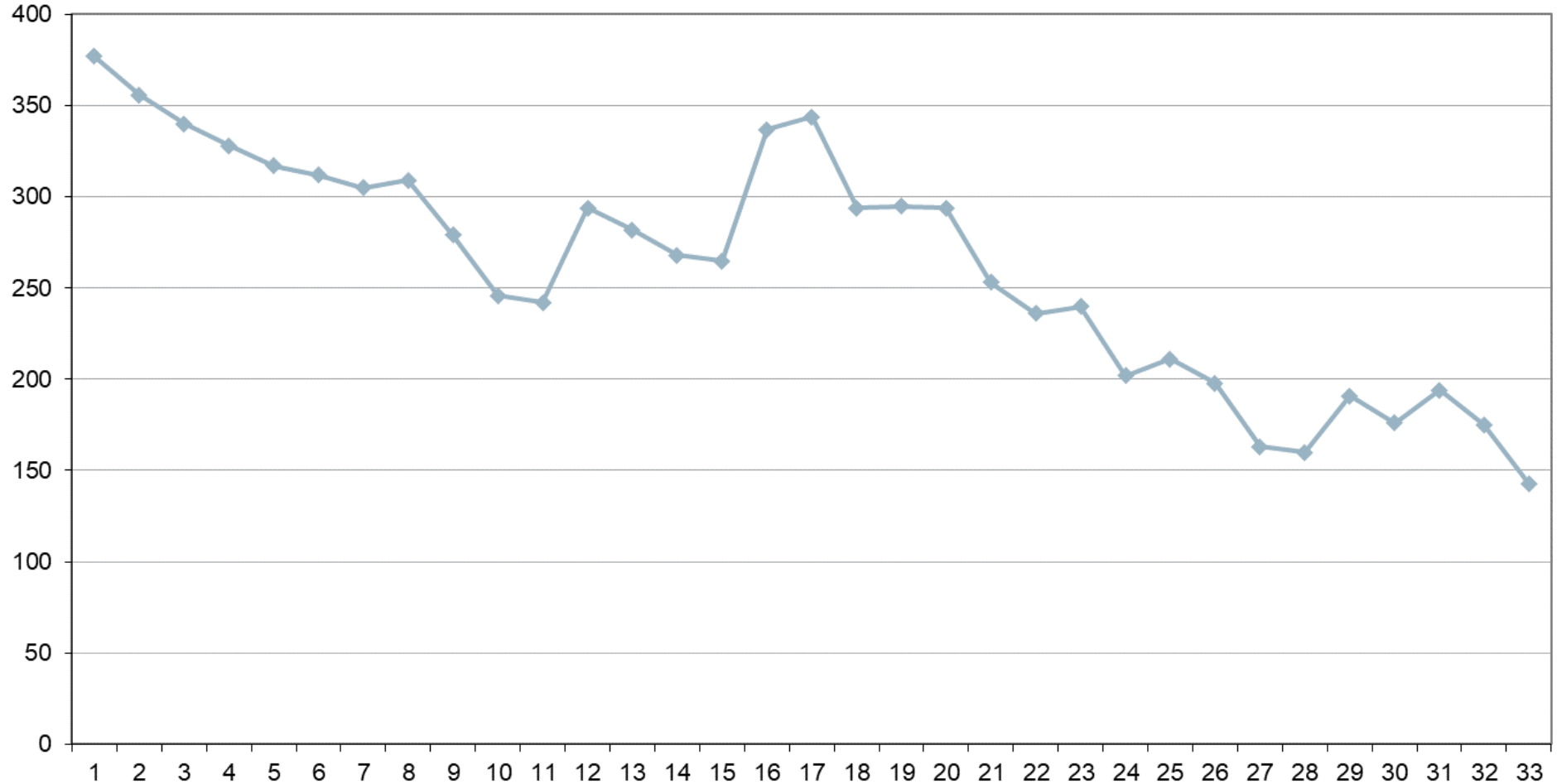
Denominator all eligible children <18 years

Numerator children <18 years receiving an antipsychotic

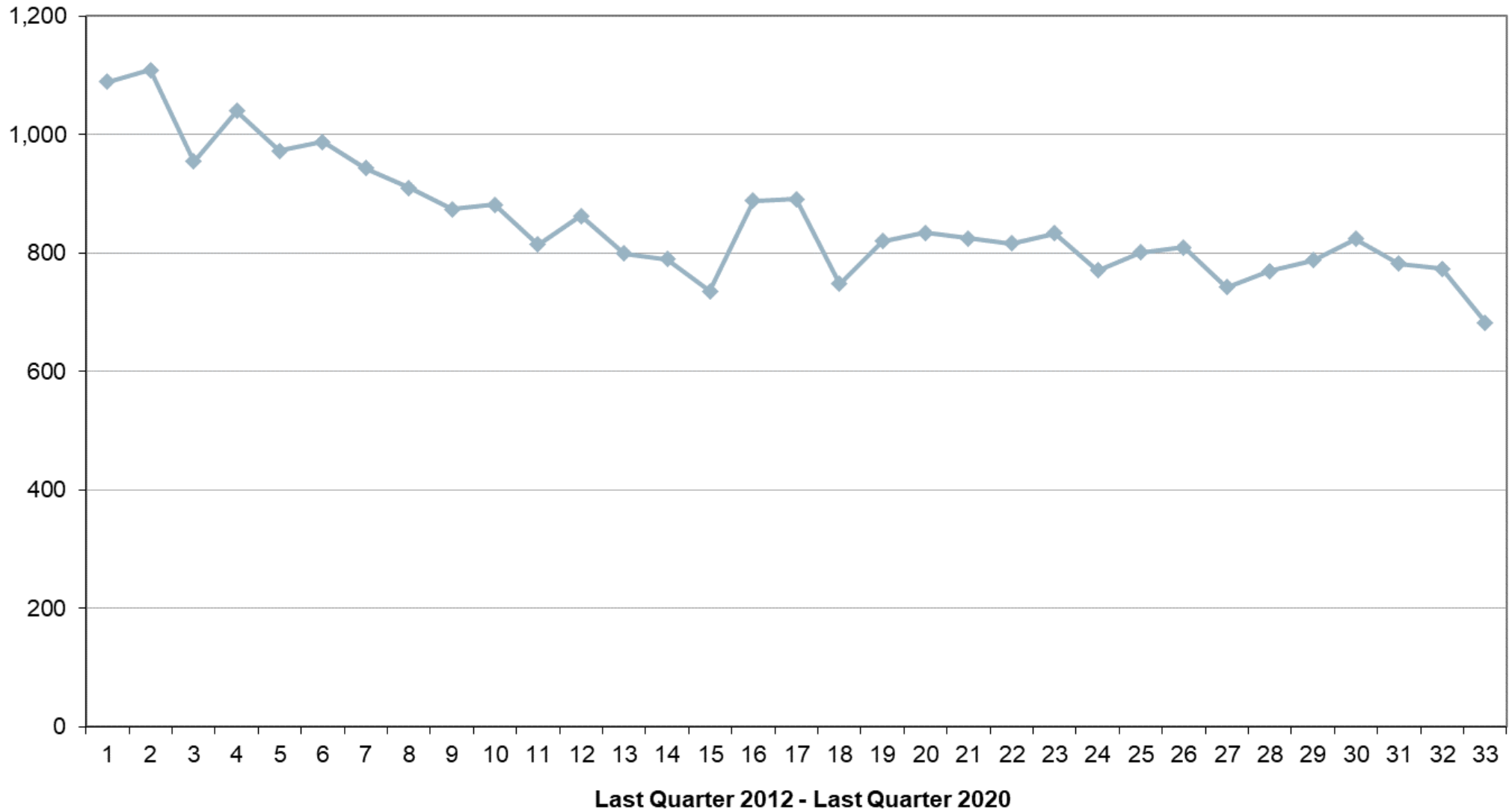
Youth in Foster Care
On Any Antipsychotic Medication



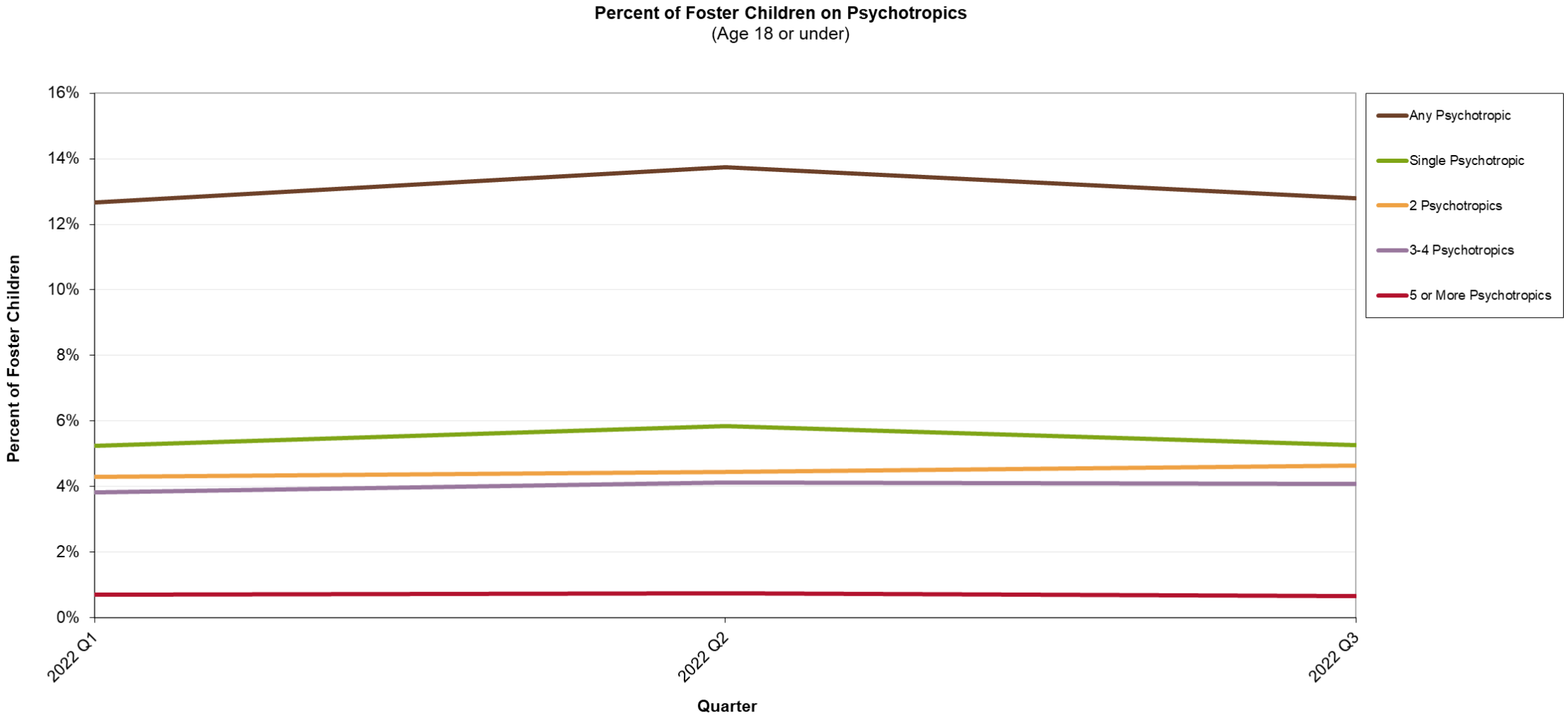
Youth in Foster Care
With 3 or more Psychotropics Concurrently for 90 Days



Youth in Foster Care
On any Psychotropic Medication



Psychotropic medication usage for children in foster care, 2022



Robust Psychotropic Medication Oversight

- All psychotropic medications require authorization by the Psychotropic Oversight RN prior to administration for children in foster care.
- Every child in foster care receives (at minimum) an annual psychotropic medication review by the Psychotropic Oversight RN.
- OPAL-K Child Psychiatrists are available for consultation with the RN when needed.
- OPAL-K Child Psychiatrists are available for consultation with prescribing clinician when needed.

Psychotropic Medication Oversight Team

- Collaborative effort began in 2012

- **Team members:**
  - Child Welfare-Health and Wellness Services
  - Oregon Psychiatric Access Line-Kids (OPAL-K)
  - Oregon State University, School of Pharmacy

- Oregon has one of the lowest psychotropic prescribing rates in the nation for children in foster care.

To date in 2022

- Psychotropic authorizations received: 625
- Psychotropic authorizations sent to OPAL-K for review: 78
- Psychotropic authorizations denied: 36
- Children received psychotropic review: 891
- Full records review requested: 219
- Sent to OPAL K for further review: 27
- Awaiting Records: 27

Oregon Department of Human Services

Questions?