

Oregon Family Reunification Project

Committee on Senate Human Services & Mental Health
Madam Chair Senator Sara Gelser
Vice Chair Senator Dick Anderson
Member: Senator Kate Lieber
Art Robinson
Senator Kathleen Taylor

05/06/2021

Hi Madam Chair Gelser, Vice Chair Anderson and Members of the Committee,

My name is Brittany Ruiz and I am a Parental Rights Advocate who continues to help bio and foster families across Oregon.

I want to thank Chairwoman Gelser for scheduling this bill for a hearing. I also want to thank Rep Bonham, Rep Lively and Rep Leif for being Chief Sponsors on this legislation.

HB2333 was introduced and inspired after a foster advocate approached me about a child, they were helping who was placed on 8 different psychiatric drugs. I was shocked that there was a young foster child of this age on this many drugs and I started to ask questions.

I approached the local District Manager at DHS and showed her the list of drugs one of her foster kids was on and she said she had no clue the child was on that many drugs. She said she signs off on drugs when its needed but doesn't keep track of total numbers of drugs they are on.

I then met with Oregon DHS Program Manager over Health and Wellness Services, to get a further understanding on the prescription rates for Oregon. She walked me through the entire process and how she works with OHSU and other stakeholders to review cases of children on psychiatric drugs. I asked her if she has the total number of children on psychiatric drugs and the number of drugs per child. She said she did not. She also gave me a rough guess on the prescription numbers and on several email interaction, she gave me different percent amounts. It was after I could not get an accurate answer that I asked my County Commissioner if she could step in and help.

The process Commissioner Starrett and I went through to try to get an understanding on how children on psychiatric drugs are tracked was eye opening in that it was very clear that our foster children are being placed on many multiples of what is considered "off label" drugs and not a single accounting of this and District managers do not keep track the multiples.

In 2018 US Office of Health & Human Services Office of Inspector General, [did an investigation](#) and it gave some insight into Oregon's prescription numbers at **19.2%** or roughly **1 in 5 children**, with **4.6 million** being spent annually on psychotropics for Oregon foster children. The numbers provided to me by Oregon DHS was 13 % and 18 % respectfully, but no data to back up that estimate.

Commissioner Starrett was directed to numerous agencies to get this information. OSU, PSU (pretty sure), OHSU and OHA. Every single one of them got back to us with the data that they do not track this information and they would have to get the information gathered. I finally got a confirmation email from OHA's Lobbyist Holly Heiberg that their Medicare system only can check upwards of 2 psychiatric medications.

In 2019 I wrote an email to the entire legislative body asking for oversight on the drugging of our foster children after a father from Douglas County sent me a photo (see below) of his child leaving a Psychiatric Facility on a total of 8 psychiatric drugs and an additional 4 other drugs. The prescribing Dr had never met this child, nor did the Doctor follow up when she was placed in numerous facilities over the course of several months. The daughter, having trauma from losing her best friend, reported suicidal ideation and many other symptoms from the drugs she was placed on and the caseworker signed off on a new drug meant to help treat adults with drug addiction purely because she was "addicted" to self-injurious behavior, mostly what the child reported was a side effect of the drugs.

More recently, I have had several other foster advocates request medical reviews and have had to fight to get these approved by local District Managers.

Key Points on why this legislation is needed:

1. This legislation is essential to providing basic policy information. If we don't have the information, we cannot improve our numbers, ensure our prescription rates are improving and monitoring health outcomes of our children.

2. This legislation will also help assist Oregon DHS and foster advocates and bio parents with knowing which all the Child Psychiatrists who are available to do assessments. This can be helpful in second opinions or tracking the data.

3. Important factor here is that per Oregon Health Authority report some years ago, the top payout for Medicare dollars in the State of Oregon is psychotropic drugs. Per numerous studies, some provided in addition to my testimony, foster children are placed on psychiatric drugs three times more than those not in care. Per the same report from US Health and Human Services, Oregon DHS makes up 4.6 million spent on psychiatric drugs per year for children in foster care.

Per reports across the nation, states that put in stronger monitoring and tracking and data gathering showed significant improvement in the drugging of our children and lowered prescription rates, saving the state millions.

4. This legislation will put in the necessary oversight, tracking and data to get accurate numbers to the legislature to make best policy decisions, ensure our children are being properly medicated and spot any potential over prescriptions and highlight important medical reviews that may have been lost. We should not be waiting one year to review a child on mind altering drugs and we should never settle with this being sufficient. We should be working out how to get this child off of these life-time mind altering drugs and focused on therapies since the majority of these children need support and wrap around services, not mainly drugs to help with their trauma. *See studies provided separately to the Committee

5. I believe there is zero fiscal impact since District Managers have all the files at their fingertips and it should be a minimal process to get this data gathered based on my meetings with DHS. Once data is gathered, it will be very easy to review the files to get any updated information quarterly to the legislature. With other states showing millions saved by proper monitoring, I believe this will be a win situation for the state financially.

I urge this Committee to be an Aye vote and let's make Oregon a leader in having the best system in place and tracking the numbers properly and having our finger on the pulse at all times for our most vulnerable children.

Best regards,

Brittany Ruiz
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