The Oregon Way

Engagement, Empowerment & Collaboration

Kevin George, M.S.W
Child Well-Being Program Manager
Oregon Department of Human Services
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Engagement

- Create cross system relationships:
  - Health Care, Child Welfare, Advocates, Families, Youth and the Community must all be involved in the quality of care movement for children and youth.

- Listen to others:
  - Language and terminology does not necessarily mean the same thing to each system (what is consent?)

- Educate the systems:
  - Child Welfare, Health Care Community and System decision makers (political), need to both understand who foster children are and who they are not. Myth busting about foster children. One size does not fit all.
Empowerment

- Challenge the culture that a Health Care Professional is always right

- Using the term Clinician not Prescriber will begin to shift the paradigm

- Educate and support caseworkers, foster parents, and youth to ask questions of the Clinicians
  - Guides for Youth, Caseworkers and Advocates
  - State and Federal tools

- Child Welfare moved approval to authorize the administration of medication from the caseworker and foster parent to a supervisor.
Collaboration

- It starts at the Federal level:
  - Administration for Children and Families and Centers for Medicaid Services linked together
    - *Because Minds Matter: Collaborating to Strengthen Management of Psychotropic Medications for Children and Youth in Foster Care. 2012.*

- Oregon Child Welfare and Oregon Health Authority
  - Shared responsibility and accountability

- Shared data tracking with a focus on key areas to make change
**Foster Children - Pediatric Psychotropic Quarterly Report**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Third Quarter Apr – Jun 2012</th>
<th>Third Quarter Apr – Jun 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>Children on Antipsychotics without diabetes screen</td>
<td>224</td>
<td>421</td>
</tr>
<tr>
<td>Five or more concurrent psychotropics</td>
<td>32</td>
<td>955</td>
</tr>
<tr>
<td>Three or more concurrent psychotropics</td>
<td>340</td>
<td>955</td>
</tr>
<tr>
<td>Two or More Concurrent Antipsychotics</td>
<td>26</td>
<td>955</td>
</tr>
<tr>
<td>Under 18 years old on any antipsychotic</td>
<td>482</td>
<td>955</td>
</tr>
<tr>
<td>Youth five years and younger on psychotropics</td>
<td>23</td>
<td>955</td>
</tr>
</tbody>
</table>

*Average Daily population in foster care 2012: 8,524 children
*Average Daily population in foster care 2014: 7,553 children
Oversight reviews

- Annual review of medications by a licensed medical professional other than the prescriber. (Clinician) ORS. 418.517

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Reviews</th>
<th>Completed Reviews (Timely)</th>
<th>Percent of Reviews Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>82</td>
<td>73</td>
<td>89%</td>
</tr>
<tr>
<td>August</td>
<td>72</td>
<td>68</td>
<td>94%</td>
</tr>
<tr>
<td>September</td>
<td>80</td>
<td>68</td>
<td>85%</td>
</tr>
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</table>
System Approach to Quality of Care Improvement

- Oregon Psychiatric Access Line about Kids
  - The mission of OPAL–K is to expand the availability of timely, high-quality mental health treatment to youth in Oregon through support of the patient-centered medical home. [www.ohus.edu/OPALK](http://www.ohus.edu/OPALK)
  - Improve child psychiatry access for primary care providers that creates opportunities for mentoring, education and consultation
  - Create a service that is blind to insurance and statewide for the care of all youth in Oregon
Trauma Informed Oregon is a statewide collaborative aimed at preventing and ameliorating the impact of adverse experiences on children, adults and families. Trauma Informed Oregon works in partnership with providers, individuals with lived experience, and families to promote and sustain trauma informed policies and practices across physical, mental, and behavioral health systems and to disseminate promising strategies to support wellness and resilience.

http://traumainformedoregon.org/
Collaborative Problem Solving

- Changing the Paradigm;
  “Kids will do well if they can”

- CPS is a strength-based, neurobiologically-grounded approach that provides concrete guideposts so as to operationalize trauma-informed care and empower youth and family voice.
- CPS is a skills set that can be taught and implemented by professionals, parents, teachers, and individuals themselves. [http://thinkkids.org/](http://thinkkids.org/)
Resources from Oregon:

- Oregon Revised Statue 418.571
  https://www.oregonlegislature.gov/bills_laws/ors/ors418.html

- Guide for Youth

- Guide for Caseworkers and advocates
Oregon’s Core Team

- Ajit Jetmalani, MD Psychiatry, Director; Division of Child and Adolescent Psychiatry; Oregon Health Science University Doernbecher Children Hospital
- Ted Williams, PhD. Clinical Pharmacist OSU/OHSU–College of Pharmacy, and Oregon Health Authority– Division of Medical Assistance Programs
- Chris Barber, RN; Manager of Clinical Services, Oregon Health Authority
- Heidi Beubriand, RN; Consulting Nurse, Department of Human Services, Child Welfare
- Wendy Ray, Health Care Administrative Assistant, Department of Human Services, Child Welfare
- Kevin George, MSW: Child Well–Being Program Manager, Department of Human Services, Child Welfare