

Psychotropic Medication Oversight of Youth in Oregon Foster Care: The Role of OPAL-K



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OHSU

I have no disclosures.

CPD

Learning Objectives

Review national data on psychotropic prescribing to youth in foster care

Describe steps that Oregon has taken to ensure appropriate psychotropic prescribing practices to youth in foster care

Discuss achieved outcomes

Background

Rates of MH disorders in youth in foster care

- 4X that of general population

Rates of psychotropic medication use

- 21 – 52% among youth in foster care
- 4% among general peds population

Polypharmacy

Mackie TI, Hyde J, Palinkas LA, Niemi E, Leslie LK. Fostering Psychotropic Medication Oversight for Children in Foster Care: A National Examination of States' Monitoring Mechanisms. *Adm Policy Ment Health*. 2017 Mar;44(2):243-257.



Oregon Psychiatric Access Line (OPAL)

Available to all prescribing clinicians regardless of patient insurance status



Do you have a mental health, developmental, or behavioral question about your patient? Want immediate access to a psychiatrist or developmental behavioral pediatrician? Call the OPAL Program to consult with a board-certified psychiatrist or developmental behavioral pediatrician. Psychiatry sub-specialists are available in Child and Adolescent Psychiatry, Substance Use Disorders, Women's and Perinatal Mental Health, and Older Adult Mental Health.

Immediate telephone consultation is available to all medical providers in Oregon. No question is too big or too small.

About the OPAL Program

In collaboration with the Oregon Health Authority, OHSU administers the Oregon Psychiatric Access Line (OPAL) Program which offers psychiatric telephone consultation to all prescribing clinicians, regardless of the age or the insurance status of the patient. The OPAL program is funded by the state of Oregon and is available at no cost to all medical providers in Oregon. True to its mission to expand services, OPAL has now expanded our team of consultants to include developmental behavioral pediatricians (DBPs).

The ongoing vision of this program is to expand the availability of high-quality mental health treatment to all Oregonians through the support of their medical home via:

- Timely psychiatric and developmental/behavioral phone consultation...
- Practitioner education
- Primary care treatment algorithms
- Promotion of linkages with private and public community mental health professionals

For more information:

Email: OPAL@ohsu.edu

Register online: www.ohsu.edu/OPAL Contact:

503-346-1000 (Portland Metro) or 855-966-7255

(Toll-Free)

Hours of Operation:

9 a.m. to 5 p.m., Monday – Friday (with exception of national holidays)

Our team of DBPs are available for consultation by appointment only.

Scan to Register for
OPAL-K and DBP



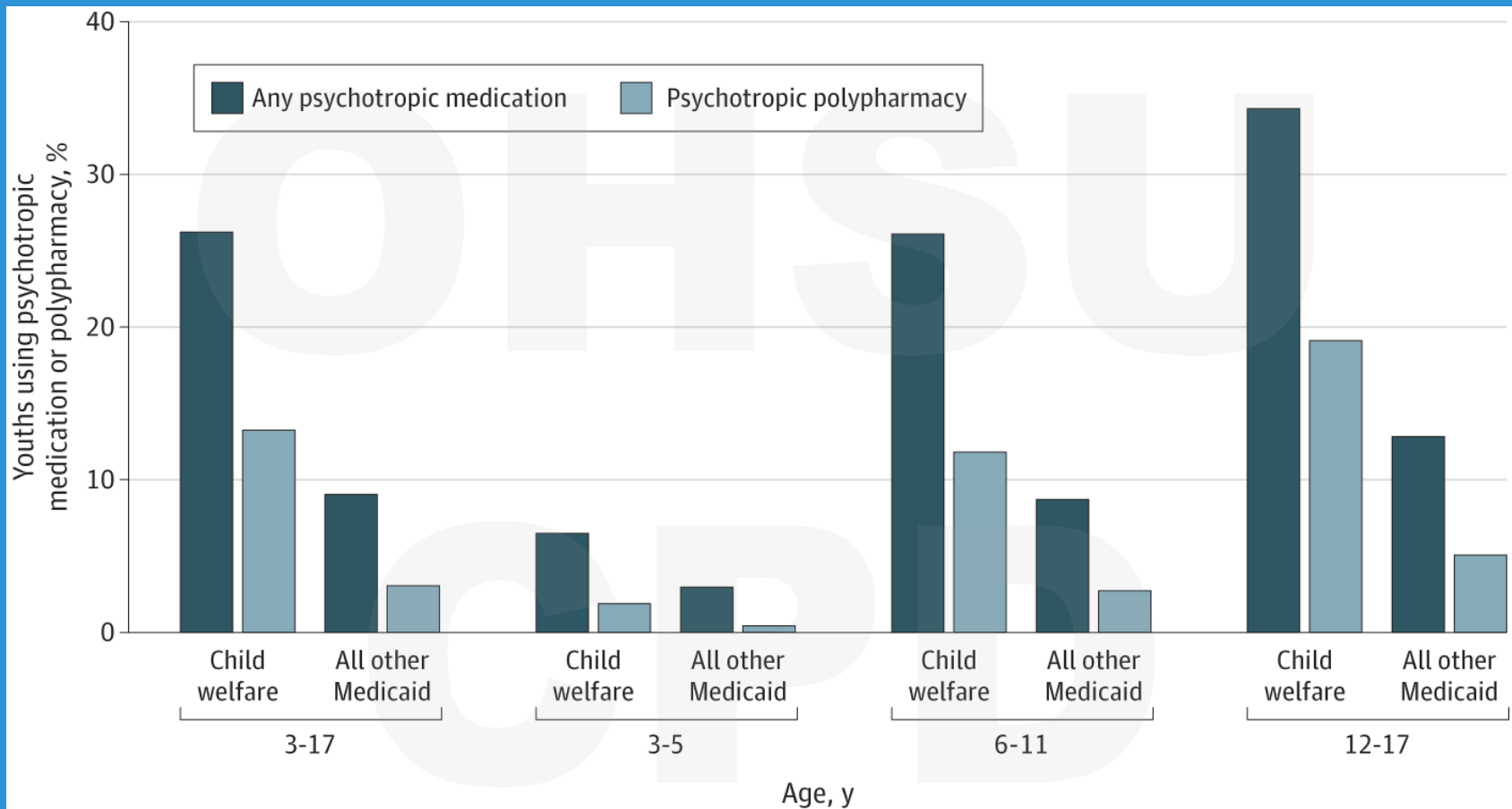
Scan to Register
for OPAL-A



Table. Class of Psychotropic Medication and Type of Mental Health Condition Among Children and Adolescents Covered by Medicaid in 2019

	Children and adolescents by age group, %							
	3-17 y		3-5 y		6-11 y		12-17 y	
Type of mental health condition ^a								
Any	42.85	13.53	22.15	3.11	44.91	13.78	49.22	19.09
ADHD	21.49	6.46	4.40	0.92	24.75	7.87	25.35	8.02
Anxiety	8.71	3.26	3.01	0.49	7.35	2.50	12.21	5.64
Behavior or conduct disorders	11.67	2.59	4.45	0.80	11.43	2.87	14.77	3.30
Depression	7.55	2.54	0.26	0.03	2.93	0.83	14.64	5.78
Mood disorders	7.05	1.26	0.81	0.09	5.37	0.98	11.06	2.20
Other	0.22	0.09	0.03	0.01	0.08	0.03	0.41	0.20
Psychotic disorder	0.76	0.14	0.01	<0.01	0.38	0.06	1.40	0.29
Tourette syndrome or tic disorder	0.19	0.10	0.03	0.02	0.22	0.12	0.23	0.12
Trauma or stressor-related disorder	22.93	4.66	15.83	1.46	25.20	4.87	23.69	6.23

Radel LF, Ali MM, West K, Lieff SA. Psychotropic Medication and Psychotropic Polypharmacy Among Children and Adolescents in the US Child Welfare System. JAMA Pediatr. 2023 Oct 1;177(10):1107-1110.



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Table. Class of Psychotropic Medication and Type of Mental Health Condition Among Children and Adolescents Covered by Medicaid in 2019

Medication class or condition	Children and adolescents by age group, %							
	3-17 y		3-5 y		6-11 y		12-17 y	
	Child welfare (n = 719 908)	Other Medicaid (n = 31 473 608)	Child welfare (n = 124 351)	Other Medicaid (n = 6 650 494)	Child welfare (n = 283 343)	Other Medicaid (n = 12 907 417)	Child welfare (n = 312 214)	Other Medicaid (n = 11 915 697)
Class of psychotropic medication								
Antidepressants	9.88	2.75	0.55	0.08	6.28	1.41	16.86	5.68
Antipsychotics	7.87	1.74	1.06	0.45	6.40	1.40	11.91	2.83
Anticonvulsants	3.79	0.98	0.65	0.22	2.52	0.70	6.20	1.71
Stimulants	15.95	4.41	2.23	0.41	19.09	5.49	18.55	5.47

Radel LF, Ali MM, West K, Lieff SA. Psychotropic Medication and Psychotropic Polypharmacy Among Children and Adolescents in the US Child Welfare System. JAMA Pediatr. 2023 Oct 1;177(10):1107-1110.

State Monitoring Mechanisms

Judicial review

Prior authorization

Collegial secondary review

Database review

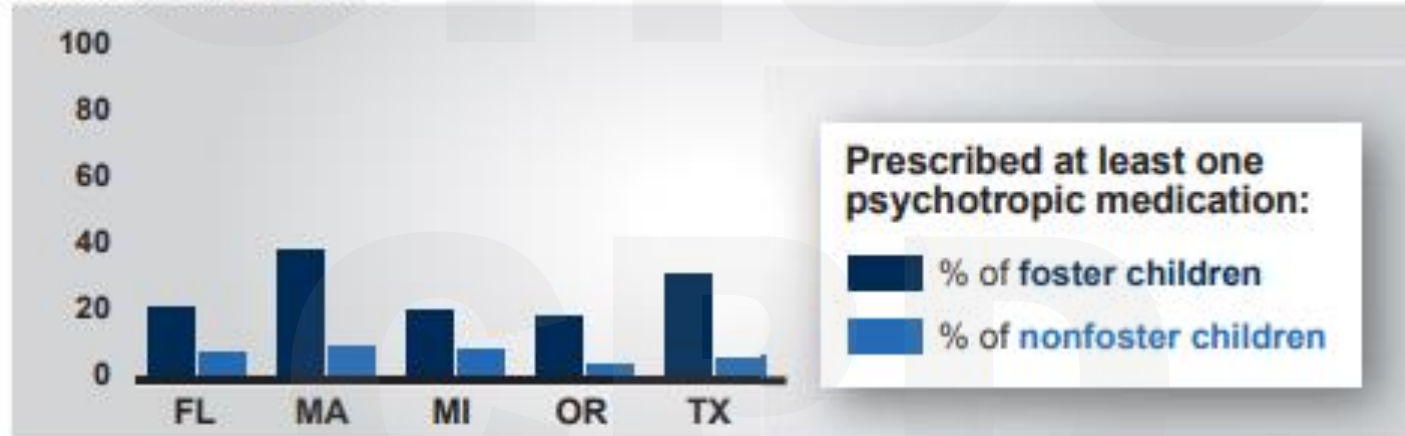
Discretionary caseworker review

Team review

Administrative case review

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, HB 3114 passed (amended ORS 418.571) concerning psychotropic medication for youth in foster care.

Law went into effect June 30, 2010

- Requires ODHS and CCOs to ensure that a MH assessment occurs before any youth 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 responsibility of providing consent to local child welfare program manager or designee

Beginning in 2019

- ODHS implemented an RN (with MD consultation) authorization process



CHCS Quality Improvement Collaborative

2012: ODHS and OHA jointly awarded a technical assistance grant from the Center for Health Care Strategies (CHCS)

- 3-year grant involved ODHS Child Welfare, OHA, and the Division of Medical Assistance Programs (DMAP)
- Participating states include OR, IL, NJ, NY, RI, and VT



Oregon Goals

Improve effectiveness of consent process for psychotropic medication use

Expand collaboration among stakeholders

Improve safety and effectiveness of psychotropic medication use through application of best practices

Reduce use of antipsychotic medications for unapproved indications

Reduce polypharmacy



Improving the Consent Process

Tip sheets developed and distributed to field offices for use by caseworkers, foster parents, and youth

Psychotropic medication
consent process
reevaluated to determine
effectiveness and efficiency



Collaboration and Learning

Psychotropic Medication Stakeholder Advisory Committee established to define high risk prescribing practices and review common drivers

Trauma, as an experience underlying aggression, was the common driver for antipsychotic use and polypharmacy



Improving Clinical Best Practices

Oregon Psychiatric Access Line about Kids (OPAL-K)
launched in 2014

OPAL-K distributed newly adopted and trauma-informed
best practice guidelines

Consensus opinion regarding prescribing red
flags distributed

Effect of trauma on child development,
behavior, and well-being was emphasized in
trainings



Prescription Monitoring

Medicaid pharmacy data system to identify prescribing “flags”

Areas of focus

- Appropriate use of antipsychotic medications
- Reducing psychotropic polypharmacy
- Ensuring appropriate use of psychotropic medication for children ≤ 6 years



Prescribing Flags

Medications \leq 6 years except stimulants

Polypharmacy

\geq 2 medications from same class

Antipsychotics without metabolic monitoring

Antipsychotics – multiple, \geq 6 months without diagnosis, \leq 6 years



Psychotropic Medication Oversight

All new psychotropic medications require pre-authorization by psychotropic oversight RN (+/- OPAL-K CAP)

Annual psychotropic medication review

OPAL-K CAPs available for consultation to RN

OPAL-K CAPs available for consultation to prescribing clinician when flagged



Psychotropic Medication Authorization

Psychotropic Medication Authorization Form

Oregon Department of Human Services
CHILD WELFARE
Health and Wellness Services Program

Section A – Psychotropic medication recommendation:
(to be completed by licensed medical professional) ☐ Residential/Facility

Date of Request: _____ Date of birth: _____
Child's name: _____
Assigned Sex: ☐ Male ☐ Female Height: _____ Weight: _____
Prescribing licensed health care provider: _____ Telephone number: _____
Facility name: _____ Facility address: _____

Clinical information: *(to be completed by licensed medical professional)*
Concurrent medical diagnoses: _____
All mental health diagnoses: _____

All current psychotropic medication:

Medication/dosage/ administration schedule	Medication/dosage/ administration schedule	Medication/dosage/ administration schedule
_____	_____	_____
_____	_____	_____

Psychotropic medication to be discontinued: _____

New medication and recommendation: *(does not include dosage changes)*

Name of medication: _____ Dosage/route/frequency of administration: _____
Target symptoms: _____ Potential side effects: _____

Tests/procedures required before/during medication regimen: _____
Nonmedical approaches discussed: _____
Potential side effects reviewed with child: ☐ Yes ☐ No Medication Handout provided: ☐ Yes ☐ No

Explanation for New Medication Request: *(Attach additional page, if needed)*

Date of most recent MHA, if available: _____

Informed Consent:
I have had the opportunity to discuss the reason for this prescribed psychotropic medication, the expected outcome(s), the approximate length of treatment and how the medication will be monitored. I have had the opportunity to discuss alternative treatments available. I have also had the opportunity to discuss the benefits and risks of this medication, including the possible side effects, the potential medication interactions and the potential effects of stopping the medication. I have had an opportunity to ask questions and have my questions answered.

Youth signature (if age 14 or older) _____ Date _____ Resource parent signature _____ Date _____
☐ Youth declined to sign

Signature of Health and Wellness Services Program Manager or designee is required prior to the administration of this medication. This form can be faxed to Health and Wellness at (503) 945-5635, sent via secure email to CW-Psychotropic-Med-Auth@odhsoha.oregon.gov, or given to the Caseworker.

100-529802 CF 0173 C (01/2024)

Child's name: _____ Case/Person no: _____

Section B – Notification: *(to be completed by caseworker)*

Legal parent(s) were notified of psychotropic medication(s): ☐ Yes ☐ No
Tribal Affiliation: ☐ Yes ☐ No Tribe notified: ☐ Yes ☐ No
Comments: _____

Section C – Child or young adult mental health assessment and placement information:
(to be completed by caseworker)

Required mental health assessment or update was completed within three months prior to the prescription for more than one new psychotropic medication or any antipsychotic medication: ☐ Yes ☐ No
Date of last mental health assessment: _____ Date of recent note: _____

Urgent medical need:
Date of urgent need episode: _____
Describe urgent medical need: *(include treatment facility licensed health care professional providing care):* _____

Placement information:
Placement:
☐ Voluntary custody or placement ☐ Foster care ☐ Residential: _____
☐ Hospital: _____ ☐ Other: _____

Caseworker name: _____ Date completed: _____
Caseworker: Upon completion of this form fax to Health and Wellness Services at (503) 945-5635 or email CW-Psychotropic-Med-Auth@odhsoha.oregon.gov for processing.

Section D – Authorization for administration of psychotropic medications:
(to be completed by Health and Wellness Services Program Manager or designee)

☐ By signing below, I give authorization for _____ to receive the medication listed in section A, as recommended by his/her licensed health care provider.

☐ By signing below, I do not give authorization for _____ to receive the medication listed in section A, as recommended by his/her licensed health care provider.
(If authorization is denied, reason must be provided below.)

Reason authorization denied: _____

Signature of Health and Wellness Services Program Manager or designee _____ Date _____

Print name: _____ Contact phone number: _____



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THE OREGON STATE DRUG REVIEW[©]

AN EVIDENCE BASED DRUG THERAPY RESOURCE

<http://pharmacy.oregonstate.edu/drug-policy/newsletter>

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Psychotropic Use in Youth Enrolled in the Oregon Health Plan and Youth in Foster Care with an Emphasis on Antipsychotic Prescriptions – * Correction to Previous Posting

Bradie Winders, MPH, Oregon Health & Science University-Portland State University, School of Public Health, Linda Schmidt, MD, Keith Cheng, MD, Ajit Jetmalani, MD and Behjat Sedighi, MA, QMHP, Oregon Health & Science University, School of Medicine, Division of Child and Adolescent Psychiatry, Mark G. Haviland, PhD, Loma Linda University, School of Medicine, Department of Psychiatry, Sarah Servid, Pharm. D., and Kathy Sentena, Pharm.D., Oregon State University Drug Use Research and Management Group, Heidi Beaubriand, RN, BSN, Oregon Department of Human Services Nurse Manager Wellbeing Unit

Retrospective study

- PMAs submitted 12/2020 – 6/2022
- N = 110
- 57 males, 53 females
- Mean age 11 years



Table 2. Characteristics of Youth in Oregon Foster Care Prescribed a New Psychotropic Medication between 12/02/2020 and 6/10/2022

	Not Authorized (n=51)	Approved (n=59)	Total (N=110)
Off-label			
No	4 (7.8%)	17 (28.8%)	21 (19.1%)
Yes	47 (92.2%)	42 (71.2%)	89 (80.9%)
Polypharmacy			
No	26 (51.0%)	26 (44.1%)	52 (47.3%)
Yes	25 (49.0%)	33 (55.9%)	58 (52.7%)
Trauma Present			
No	19 (37.3%)	25 (42.4%)	44 (40.0%)
Yes	32 (62.7%)	34 (57.6%)	66 (60.0%)
Prescribing Clinician			
Non-psychiatrist	43 (84.3%)	30 (50.8%)	73 (66.4%)
Psychiatrist	8 (15.7%)	29 (49.2%)	37 (33.6%)
Mental Health Comorbidities			
No	8 (15.7%)	9 (15.3%)	17 (15.5%)
Yes	43 (84.3%)	50 (84.7%)	93 (84.5%)
Prescribed Medication			
Antipsychotic	31 (60.8%)	20 (33.9%)	51 (46.4%)

Highlights

- Top 3 prescribed medication classes:
 - Antipsychotics (46%)
 - Antidepressants (16%)
 - Alpha agonists (12 %)
- Polypharmacy: 53% (≥ 4 meds)
- Approved by OPAL-K: 53.6%
- Consent denied: 46.4%
 - Off-label 64.5%
 - Polypharmacy 41.8%
- > 1 MH diagnosis: 84.5%
- Trauma present in 60%*

Annual Psychotropic Medication Review



OHSU Healthcare

Department of Psychiatry
Child and Adolescent Division

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chengk@ohsu.edu

Mailcode IPP
IPP Building
3633 SE 35th Place
Portland, OR 97211

www.ohsu.edu/OPAL-K

Date: May 2, 2025

RE: Johnny Smith
DOB: 01/01/2014

Dear Provider:

Thank you for providing care of Johnny and supporting his caregivers. The Oregon Psychiatric Access Line about Kids (OPAL-K) provides pediatric psychiatric consultation for clinicians of youth in substitute care.

The Oregon Division of Medical Assistance Programs (DMAP) and Department of Human Services, Office of Child Welfare Programs are responsible for adopting standards of care and monitoring psychotropic prescribing for youth in foster care, as mandated by the Oregon State legislature beginning in 2009. The current standards and monitoring protocols were created in consultation with local and national experts in child and adolescent psychiatry, psychiatric nurse practitioners, primary care providers, foster families, and other stakeholders. These standards derive from the consensus opinion that the evaluation and treatment of youth in foster/substitute care warrant a trauma-informed and biopsychosocial guided stance.

Annually, DMAP reviews the prescriptions for every youth in foster care. If the prescription regimen meets one of the criteria described below, a referral is made to OPAL-K for a psychiatric consultation. This review and consultation process also identifies additional services that youth in foster care and their families may deserve including psychotherapy, family support, and school services. The intention of this program is as a quality improvement process to provide support in devising tailored, evidence-informed treatment for youth in foster care with particularly complex needs.

The following prescribing practices trigger a referral for psychiatric consultation. The italicized indication is relevant for this referral:

1. Antipsychotics prescribed for an extended period without an FDA approved indication or without metabolic monitoring
2. Two or more chronic medications in the same pharmacological class
3. Four or more chronic psychotropic medications
4. Medications at higher doses than FDA recommendations
5. Medications prescribed off-label, outside of FDA approved use, or without evidence-supported use
6. Psychotropic medications for children younger than 6 years old, except stimulants in children at least 3 years old

We greatly appreciate the time you take to support the youth who you serve.

Please call OPAL-K as soon as possible to arrange a phone appointment for this consultation. 503-346-1000 or toll free 855-966-7255.

Thank you,

A handwritten signature in black ink, appearing to read 'Linda E. Schmidt MD'.

Linda Schmidt, MD
Associate Professor, Division of Child and Adolescent Psychiatry
Oregon Health & Science University
Medical Director, OPAL-K



But...There's More!

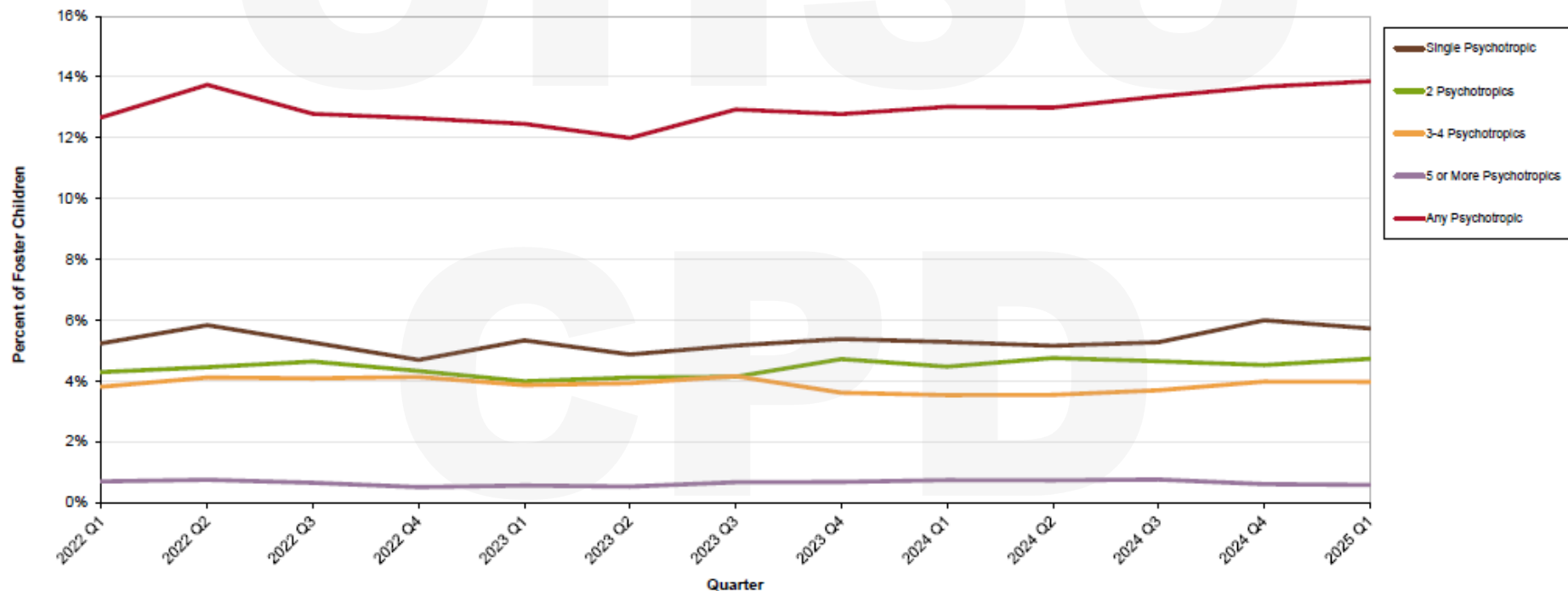
House Bill 2333 signed into law on June 11, 2021

- Took effect January 1, 2022
- ODHS submits quarterly report to committee on the use of psychotropic medications for youth in foster care including the number of youth receiving
 - ≤ 2 psychotropic medications
 - 3-4 psychotropic medications
 - ≥ 5 psychotropic medications

HB2333 Q1 2025 Report – by County

County	Single Psychotropic			2 Psychotropics			3-4 Psychotropics			5 or More Psychotropics			Any Psychotropic			All Children Enrolled in Foster Care		
	0-5 yrs	6-17 yrs	18-20 yrs	0-5 yrs	6-17 yrs	18-20 yrs	0-5 yrs	6-17 yrs	18-20 yrs	0-5 yrs	6-17 yrs	18-20 yrs	0-5 yrs	6-17 yrs	18-20 yrs	0-5 yrs	6-17 yrs	18-20 yrs
Baker	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	4	12	0
Benton	0	4	3	0	5	1	0	4	0	0	0	0	0	10	3	33	22	9
Clackamas	1	17	6	0	14	6	0	7	8	0	1	2	1	35	18	109	160	39
Clatsop	0	4	0	0	3	0	0	1	0	0	0	0	0	8	0	11	29	4
Columbia	0	5	1	0	6	0	0	1	2	0	0	0	0	11	3	31	36	5
Coos	0	4	0	0	5	1	0	3	0	0	0	1	0	13	2	28	59	7
Crook	1	2	1	0	1	0	0	1	0	0	0	0	1	2	1	15	26	3
Curry	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	3	8	0
Deschutes	0	3	0	0	2	0	0	2	0	0	0	0	0	8	0	80	82	6
Douglas	0	9	2	0	7	1	0	3	2	0	0	0	0	15	4	78	80	12
Gilliam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
Grant	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	4	6	0
Harney	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	3	9	0
Hood River	0	1	1	0	1	0	0	0	0	0	0	0	0	4	1	3	7	3
Jackson	0	14	0	0	11	0	0	10	1	0	0	1	0	31	2	116	157	12
Jefferson	0	1	0	0	2	0	0	0	0	0	0	0	0	4	0	27	29	4
Josephine	0	2	1	0	2	0	0	3	2	0	0	0	0	6	2	40	61	6
Klamath	0	3	0	0	4	0	0	3	0	0	0	0	1	11	0	50	58	4
Lake	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	11	0
Lane	1	42	7	2	32	8	0	34	5	0	6	2	5	106	17	215	362	57
Lincoln	0	2	0	0	2	1	0	3	0	0	0	0	0	7	1	24	37	1
Linn	0	4	3	0	4	2	0	8	0	0	3	0	0	17	5	73	78	15
Malheur	1	7	0	0	11	0	0	7	1	0	0	1	3	20	2	38	74	5
Marion	1	26	6	0	16	4	0	17	6	0	3	2	1	48	14	75	150	33
Morrow	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	6	2	0
Multnomah	3	36	9	2	27	4	0	35	12	0	6	3	5	92	27	243	353	101
Polk	1	4	1	0	3	1	0	1	2	0	1	0	1	10	5	42	47	20
Sherman	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Tillamook	0	1	0	0	1	0	0	1	0	0	0	0	0	3	0	9	9	1
Umatilla	0	4	0	1	4	0	0	3	0	0	0	0	1	11	0	51	97	6
Union	0	2	0	0	2	0	0	1	0	0	0	0	0	7	0	20	16	1
Wallowa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1
Wasco	1	4	0	0	1	0	0	3	1	0	0	0	1	7	1	23	47	2
Washington	0	11	3	1	10	0	1	8	1	0	2	2	4	28	6	114	169	36
Wheeler	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Yamhill	1	11	0	0	8	0	0	2	1	0	1	0	1	20	1	22	41	4
Unknown	0	0	0	0	2	0	0	0	0	0	0	0	0	2	0	71	91	7
Totals	11	224	44	6	188	29	1	162	44	0	24	14	25	543	115	1,667	2,431	404

HB2333 Q1 2025 Report - % of Foster Youth on Psychotropics



To summarize

Multiple methods utilized to ensure adequate oversight
Child Welfare Health & Wellness Services, OPAL-K, OSU
School of Pharmacy work together to improve care

Trauma-informed lens and biopsychosocial framework

% of Oregon youth in foster care who are prescribed
psychotropic medication has declined since 2008

Oregon has one of the lowest rates of psychotropic
medication use in foster youth in the country





Thank you