

September 25, 2025



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# Supporting Timely Assessments for Children in ODHS Custody

# Agenda

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1. Welcome and Meeting Overview
2. Purpose and Value of Timely Health Assessments
3. Communicating with Resource Families
4. CCO/Provider Partnership Spotlight: Advanced Health and the FEARsome Clinic
5. Changes to Metric Specifications for 2026
6. Q&A

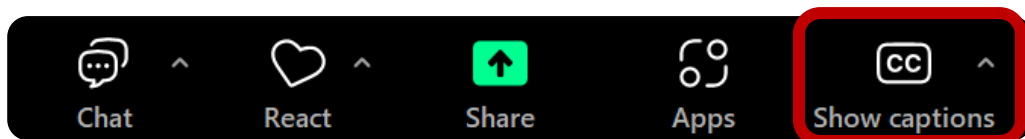
# Welcome!

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- Thank you for joining us today!
- Please introduce yourself in the chat:
  - Name
  - Organization
  - Where you are joining from (county or region)
- We will save time for Q&A at the end of the hour.
- This session is being recorded and slides will be shared with those who are registered.

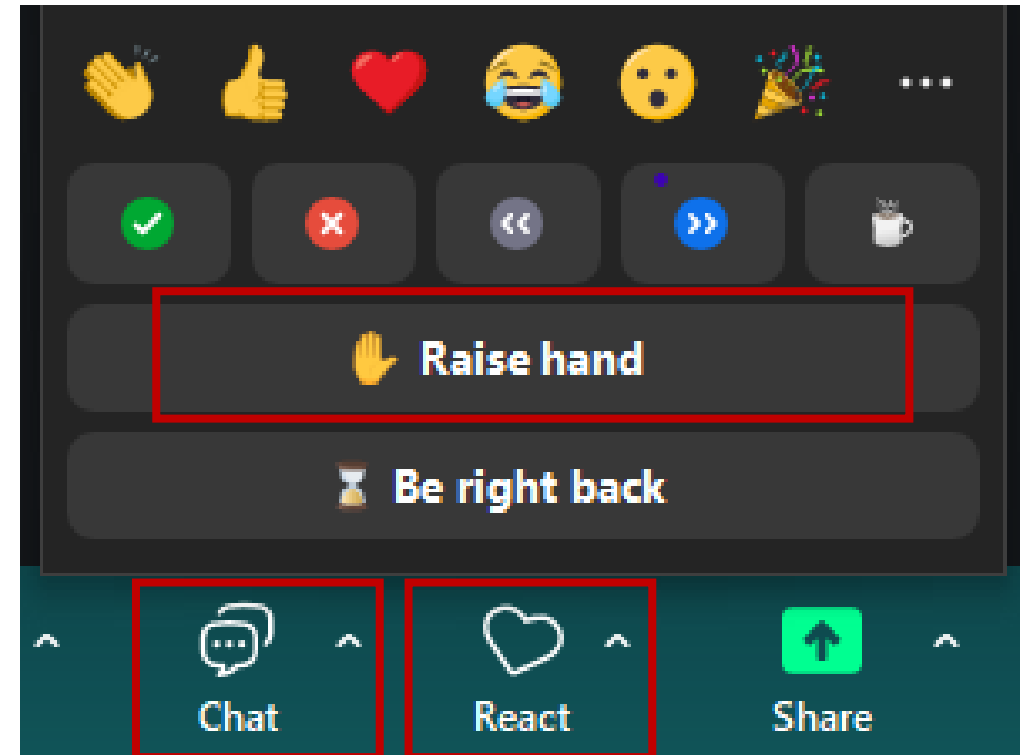
# Zoom Meeting Instructions

- At the bottom middle of your screen, you should see a menu of options. If you can't see the menu, hover your mouse over the bottom middle of the screen.
- Click on the “CC” icon and a separate window with captions will appear.



# Zoom Meeting Tip: Asking Questions

- Click on the “chat” icon in your tool bar.
- The chat window will open on the right-hand side of the Zoom window.
- Type your question into the text box and press “Enter” to send.
- To raise your hand, click “React” and then “Raise hand.”



# Team Introductions

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- **Heidi Beaubriand, RN, BSN** – Nurse Administrator, ODHS Child Welfare
- **Lisa Castle** – Quality Improvement Specialist, Advanced Health
- **Shawna Schaar, MSW, LCSW** – Behavioral Health Children's Program Manager, Coos Health & Wellness
- **Mandy Sweet** – Case Management Referral Coordinator, ODHS Child Welfare
- **Frank Wu, MS, MPA** – Research Analyst, OHA Quality Metrics Team
- **Karolyn Campbell, PhD** – Operations & Policy Analyst, OHA Transformation Center



# **Purpose and Value of Timely Health Assessments**

Heidi Beaubriand, ODHS Child Welfare

# Why Initial Health Assessments Are Important

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- Children being removed from their homes because of abuse or neglect is an urgent healthcare matter
- 50% of children entering foster care have chronic health conditions (often untreated)
- 35% of children entering foster care have significant oral health conditions



# Why Initial Health Assessments Are Important

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- Many of our children have had prolonged exposure to substances which we know can lead to a range of physical, cognitive, and emotional/behavioral problems
- Trauma and high Adverse Childhood Experiences (ACEs) have effects on children's long-term health outcomes

# Child Welfare ACEs (Adverse Childhood Experiences) Data

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- Data gathered during trial reunification nurse visits from 2018-2021

ACEs Score	2	3	4	5	6+	10+
Children 2645	364	317	373	320	1090	284
Parents 1790	105	117	121	130	1220	637

# Child Welfare ACEs (Adverse Childhood Experiences) Data

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- Data gathered during trial reunification nurse visits from 2018-2021

ACEs Score	2	3	4	5	6-9	10+
Children under age 1 277	50	33	33	22	34	5
Parents 1790	10	20	20	15	68	62

# Why Initial Health Assessments Are Important

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- Identify untreated or chronic health, dental, and mental health conditions
- Identify early signs of poor health outcomes and address them
- Build resilience and to lessen the impact of ACEs on the brain and body through therapy and other interventions

# Why Initial Health Assessments Are Important

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- Engage in skill building so children have the tools they need to regulate their nervous system and reduce the impacts of ACEs on their brains and bodies
- Educate children and families about the impact of ACEs so that they are empowered to make decisions about their health and lessen the impacts of trauma



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# Communicating with Resource Families

Heidi Beaubriand, ODHS Child Welfare

# Communicating with Resource Families

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- Remind resource families that these assessments are required by Child Welfare and that they are time sensitive
- Explain that it is a healthcare matter that a child has been removed from their family because of abuse or neglect
- Work collaboratively with resource parents to reduce the impacts of trauma on the child's brain and body



# **CCO/Provider Partnership Spotlight**

Advanced Health and the FEARsome Clinic



# Presenting today:

**Lisa Castle, Advanced Health Quality  
Improvement Specialist**

**Shawna Schaar, MSW, LCSW, Behavioral  
Health Children's Program Manager at Coos  
Health & Wellness**

**Mandy Sweet, Case Management Referral  
Coordinator, DHS-District 7, Child Welfare**



# Carla McKelvey, M.D., MPH

## Pediatrician



***“Our goal was to serve the foster parents in a more efficient and convenient way. Since kids come into care usually in twos and threes it would mean that a foster parent might have to make 6-12 appointments to ensure that the child received all the initial screening that was state mandated. By bringing all the partners into the same facility at the same time, the foster parent was able to get all done at once. A one stop shop!” -Dr. Carla McKelvey***

# **FEARsome stands for “Foster Education And Resources”**

**The FEARsome Clinic was created to provide initial medical assessments, dental assessments and mental health assessments to new foster children in Coos and Curry counties. The clinic sees roughly 100 kids per year that have been referred by ODHS child welfare. The goal is to:**

- Provide focused support to each child**
- Ensure each child receives their required assessments in a timely fashion**
- Lessen the burden to resource families by decreasing the number of required visits**
- Reduce additional trauma to the children, as much as possible**

# **FEARsome stands for “Foster Education And Resources”**

**Dr. McKelvey named it the FEARsome Clinic because she believed our resource parents to be fierce and protective of the children placed into their care. Dr. McKelvey spoke on fostering resilience to overcome the barriers and challenges children have experienced in their lives.**

**The FEARsome Clinic also works with resource parents to coordinate ongoing care for children. Follow up appointments are scheduled with the child’s pediatrician or PCP within 30 days of being seen by the FEARsome Clinic. When needed, the team works to assist in expediting referrals or appointments for medical, dental, or mental/behavioral health care.**



# It Takes A Village

## **FEARsome Clinic Community Partners:**

- **Advanced Health, CCO**
- **Department of Human Services**
- **Bay Area Hospital**
- **Curry Health Network**
- **Coos Health & Wellness**
- **Advantage Dental**
- **Wally's House**
- **Adapt Integrated Health Care**



# **Coos FEARsome clinical team members include:**

## **Dr. Jenni DeLeon, MD, Pediatrician**

Dr. DeLeon is a pediatric hospitalist at the Bay Area Hospital in Coos Bay and also serves as the Medical Director at the Kids' HOPE Center. In addition, Dr. DeLeon is the Coos County's Designated Medical Professional (DMP)

## **Stephanie Lynn Brouse RDH, EPPDH, Dental Hygienist**

Stephanie is an Advanced Practice Dental Hygienist at Advantage Dental and serves on both the Coos & Curry FEARsome Clinic teams. Stephanie has been with the FEARsome Clinic since the beginning.

## **Shawna Schaar, MSW, LCSW, Behavioral Health Children's Program Manager at Coos Health and Wellness**

Shawna has been with the FEARsome Clinic team since the beginning.

## **Byron Heaton, MHS II, Licensed Professional Counselor at Coos Health and Wellness**

## **Stacie Trosper, MHS II, Licensed Professional Counselor at Coos Health and Wellness**



# Curry FEARsome clinical team members include:

## **Derral Hawthorne, PA-C, Family Medicine**

Derral practices in family medicine at Curry Health Network in Gold Beach.

## **Stephanie Lynn Brouse RDH, EPPDH, Dental Hygienist**

Stephanie is an Advanced Practice Dental Hygienist at Advantage Dental and serves on both the Coos & Curry FEARsome Clinic teams. As previously stated, Stephanie has been with the FEARsome Clinic since the beginning.

## **Licensed professional counselors at Adapt Integrated Health Care**



# Non-clinical team members include:

Advanced Health Quality Improvement Specialist

Child Welfare Case Management Referral Coordinator

Wally's House Director Jackie Atunes and staff

Coos Health & Wellness Integrated Health Manager & Front Desk Receptionists

Advantage Dental Foster Children Coordination Team

Billing/Accounting Specialists





The background of the slide features a photograph of several hands raised in the air against a clear, bright blue sky. The hands are of various skin tones and are positioned at different heights, creating a sense of collective participation or agreement. The text is overlaid on this image in a clean, white, sans-serif font.

**WE'LL SHARE FEARSOME CLINIC PROCESSES,  
CHALLENGES, AND SUCCESS STORIES**

**IF YOU HAVE A QUESTION AS WE GO ALONG, PLEASE RAISE  
YOUR HAND VIRTUALLY AND WE WILL TRY TO ANSWER IT**

**WE'LL HAVE TIME FOR ADDITIONAL Q&A AT THE END OF THE  
HOUR**

# **Introducing FEARsome Clinic Coordinator, Lisa Castle, Quality Improvement Specialist at Advanced Health CCO**



# **Introducing Mandy Sweet, FEARsome Clinic Team Member and Child Welfare Case Management Referral Coordinator**

**Mandy, as our child welfare DHS liaison on the team, is critical to the success of the program and is kept busy running interference when barriers arise during the week regarding children or resource parents.**



# **Introducing Shawna Schaar, MSW, LCSW, FEARsome Clinic Team Member and Behavioral Health Children's Program Manager at Coos Health & Wellness**

**Shawna has served on the team from the beginning and is responsible for ensuring all the children placed into care within Coos County receive their mental health assessments (MHAs) at the FEARsome Clinic.**





# Changes to Metric Specifications for 2026

Frank Wu, OHA Quality Metrics Team



# ODHS Custody 2026 changes

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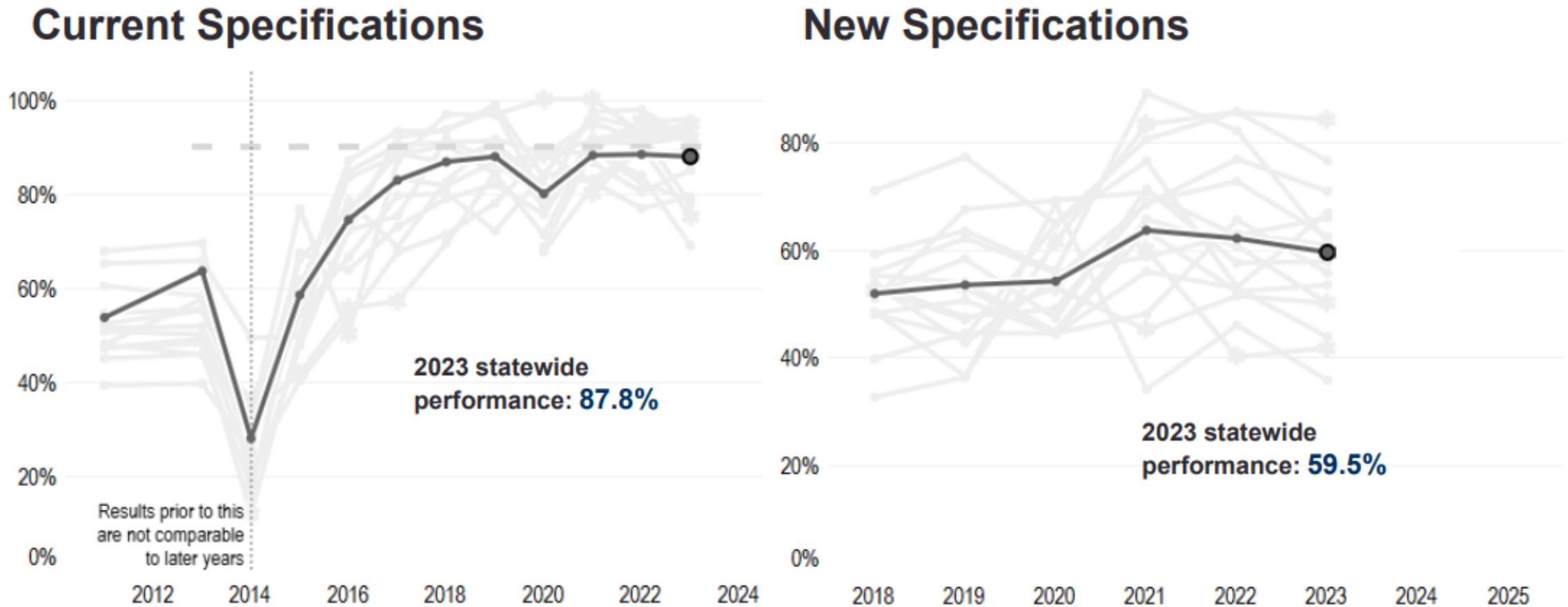
1. Shorten to 30-day assessment window for physical and dental health assessments (mental health remains 60 days)
2. Change continuous enrollment and custody from denominator inclusion criteria to denominator exception
3. Allow child refused assessments to be reviewed and count as numerator hits
4. Remove the requirement for numerator claims from the matching CCO

# 1. Shortened assessment window

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Required assessments for children entering ODHS custody			
Age on CCO Notification Date	Physical	Dental	Mental
Less than 1 year old	YES	NO	NO
1 to 2 years old	YES	YES	NO
3 to 17 years old	YES	YES	YES
Assessment window from the CCO notification date	-30 to +30 days	-30 to +30 days	-30 to +60 days

# Statewide performance comparison





# Completion rate by type of assessment

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MY2023 CCO Total	60-day Rate	30-day Rate
Overall Completion	87.8%	59.5%
Physical	96.4%	<b>84.8%</b>
Dental	92.7%	<b>62.3%</b>
Mental	88.8%	

- Most physical assessments are already completed within 30 days
- Lower percentage of dental assessments currently completed within 30 days

## 2. Continuous enrollment and custody as denominator exception

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- Current: Continuous enrollment and ODHS custody (60 days from notification) are required criteria for denominator inclusion.
  - If a child does not meet the enrollment and custody requirements, the case is excluded even if all assessments are completed within the timeline.
  - Denominator exception for late enrollment start up to 7 days.
- 2026 change: Continuous enrollment and ODHS custody becomes **denominator exception**.
  - If the numerator criteria are met, the case is kept in the measure denominator even if the enrollment or custody ended early.
  - Cases that are not numerator hits, and do not meet continuous enrollment/custody, are still excluded from the denominator.
  - The change will also cover the existing late enrollment start exception rule.

### 3. Children refused assessment

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- If the child refused the assessment, the CCO can submit documentation from the ODHS case worker or the provider for numerator credit.
- Each type of assessment needs to be documented separately.

## 4. Remove requirement for matching CCO numerator claim

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Existing: Numerator claims in the 60-day period (after CCO is notified) need to come from the same CCO; the intent is to confirm care coordination responsiveness.

However, enrollment uncertainty sometimes causes the provider to bill FFS and get paid, and not the CCO.

2026: All claims in MMIS for the member during the assessment window will count, regardless of the payer organization.



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# Questions & Answers

# Thank you!

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Our next webinar will be focused on the importance of timely dental assessments for children in ODHS custody.

**October 14<sup>th</sup> from 11 am – 12 pm**

Register here: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Assessments-for-Children-in-ODHS-Custody-Metric-TA.aspx>

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