

Children's Division Case Management Staff Annual Survey

Report for January 1, 2020 – December 31, 2020



Introduction

On June 17, 2017, The Department of Social Services, Children's Division became involved in litigation regarding the use of psychotropic medication and children in foster care. The litigation was filed by several children, on behalf of all children in Children's Division custody who presently are, or in the future will be, prescribed or administered one or more psychotropic medications while in state care, and it sought changes in how Children's Division manages psychotropic medications and medical records for children in its custody. Children's Division collaborated with several public agencies to further address the needs of children on psychotropic medication while in the custody of Children's Division. Those best practice protocols were included in a [Joint Settlement Agreement](#) (Agreement), along with data measures.

On December 5, 2019, United States District Judge Nanette Laughrey entered an order granting final approval of the class action settlement. The court retained jurisdiction of the Agreement for the purposes of enforcing the terms of the Agreement.

Requirements of Annual Survey. Per the Agreement, Children's Division is required to maintain sufficient Case Management Staff to perform the functions assigned to them in Children's Division policy related to psychotropic medications, including but not limited to, informed consent and engagement in the secondary review process where indicated.

Children's Division will use the following tools to assess staffing levels:

1. Conduct an annual survey of a statistically representative sample of Case Management Staff.
2. Conduct an annual survey of a statistically representative sample of resource providers and prescribers (and others as CD deems appropriate), to assess the availability of Case Management Staff for the purposes of providing informed consent, getting children in the legal custody of CD to medical appointments, and engaging in secondary review.

The results of both surveys will be posted on the Children's Division website with a notice to Plaintiffs' Counsel. The results of the survey will be published on or before February 15, 2021. Children's Division management will review and consider the survey results in making recommendations for staffing decisions, subject to state budget, appropriations, and its authority to increase the number of state full-time employees.

Definitions. The following terms are defined as follows for purposes of the Settlement Agreement:

- A. "Case Management Staff " refers to Children's Division or Foster Care Case Management staff member(s) assigned to manage the case of the child ages 0-17 in foster care and/or the Case Manager's supervisor.
- B. "Foster Care Case Management Agency staff" refers to entities contracted with the Department of Social Services and/or Children's Division to provide case management services to children placed in Children's Division custody.
- C. "Resource Providers" refers to individuals providing foster care to children placed in the legal custody of Children's Division in a foster family home or foster family group home.

NOTE: This does not apply to residential placements and in-patient hospitals.

- D. "Prescribers" refers to anyone in the medical profession who is allowed to prescribe or write an order for a patient's medication and/or treatment.
- E. "Informed consent" is the agreement to any medical or behavioral health treatment (such as a medical service or procedure) given after the child, parent, and/or legal custodian has had the opportunity to receive sufficient information about its risks and benefits. Informed consent must be granted or withheld, after receiving all necessary information, based upon what is in the best interests of the child.
- F. "Getting children to medical appointments" refers to scheduling or providing transportation to and from the appointment.

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- G. "Secondary Reviews" are reviews of prescriptions of psychotropic medications prescribed to children in the legal custody of Children's Division. The reviews are conducted by a board-certified child and adolescent psychiatrist ("Qualified Psychiatrist") through the Statewide Clinical Consultant.
- H. "Alternative Care" refers to a child between the ages of 0-17 in Foster Care.
- I. "OnBase" is a document imaging system where all documents for children in foster care are maintained.
- J. "FACES" is the Family and Children Electronic System database where case managers document services provided to children on their caseload.

Survey Overview Population

Recruitment Procedures:

Case Management Staff. The inclusion criteria for participation in Children's Division's survey for Case Managers included any individual currently assigned to a case with an active Alternative Care (e.g., foster care) function and had an active work email address. All participants who met the criteria were eligible to be surveyed. A stratified random sample based on proportional allocations among region (e.g., Northeast Region, Northwest Region, St. Louis Region, Southeast Region, Southwest Region, and Kansas City Region) and type (e.g., Foster Care Management Staff ($n = 344$) and Children's Division staff ($n = 689$)) was drawn without replacement for a total of 500 Case Managers (FCCM ($n = 166$), Children's Division staff ($n = 334$)). It should be noted Case Managers can have a case in more than one county and the county listed may or may not be their primary county. Due to the fact Case Managers can cross regions, they had the possibility to be sampled in each region. Out of the 500 Case Managers, selected 18 Case Managers were sampled more than once.

Resource Providers. The inclusion criteria for participation in Children's Division's survey for Resource Providers included anyone with a child in their care during 2020, had an email address, and had an active license in one of the following types - Foster Home; Relative Home; Foster Family Group Home; Youth with Elevated Needs; Foster Adoptive Home; and Non-Relative Kinship Home.

Prescribers. The inclusion criteria for participation in the Children's Division survey for Prescribers included anyone who had prescribed a psychotropic medication to a child in foster care within the last 90 days. Due to prescriber schedules and the variance in how often a prescriber might prescribe a psychotropic medication to a child in foster care all prescribers who had an email and claimed billing through Medicaid were surveyed for a total of 369 eligible participants.

Survey Procedures:

All participants in the current survey were given information on the survey via email and asked to complete the survey via an online link contained in the email. Participants were reminded participation was completely voluntary and they could stop the survey at any time. Participants who met the inclusion criteria and completed the survey are noted below:

Case Management Staff. Five-hundred Case Management Staff were surveyed via email for the annual report. Of the 334 Children's Division Case Management Staff selected for participation, 283 completed the survey. Of the 166 Foster Care Case Management Staff selected for participation, 95 completed the survey. The combined number of surveys completed by Children's Division Case Management Staff and Foster Care Case Management Staff was 378.

Survey Overview Population

Resource Providers. A total of 2,096 Resource Providers were eligible to complete the annual survey. A random sample of 500 resource providers was selected. Of the 500 surveyed, 228 Resource Providers completed the survey. Each Resource Provider was asked to report on the child who had been in their care the longest when completing the survey questions.

Prescribers: There were 369 prescribers who had a valid email address and were emailed the survey. A total of 64 prescribers completed the annual survey.

Recruitment Method:

The Children's Division sent surveys to each selected individual via e-mail. The annual survey was open from October 26, 2020 to January 12, 2021. Every two weeks, the Children's Division staff would receive a report on the number of individuals who completed the survey, number of individuals who opened the e-mail but had not yet completed the survey, individuals who had not opened the e-mail survey, and individuals who had undeliverable email addresses due to a faulty e-mail address. Based on the report, Children's Division staff would send out friendly reminders via phone and email to solicit as many responses as possible. The reminders were sent to Case Management Staff and Resource Providers; however, outreach to the Prescribers was challenging due to prescriber availability or other communication issues, such as prescriber addresses often being listed as administrator addresses, and prescriber focus on COVID-19.

The survey reminders were sent on the following dates:

10/26/20	to all e-mails	12/16/20	to all prior unopened e-mails
11/04/20	to all prior unopened e-mails	12/22/20	to all e-mails
11/18/20	to all prior unopened e-mails	12/30/20	to all prior unopened e-mails
11/25/20	to all prescribers	01/05/21	to all e-mails
12/02/20	to all prior unopened e-mails		

Case Managers

A. Case Management Survey Results

1. How long have you been working as an alternative care case manager?

Response	Number	Percent
Less than 6 months	20	6.2%
6 months to 1 year	45	13.8%
1 to 3 years	118	36.3%
3 to 5 years	55	16.9%
5 – 10 years	58	17.8%
10+ years	29	8.9%

2. Approximately how many children currently on your caseload are in alternative care?

Number of children on a case managers caseload	How many case managers in the sample had a specific number of children on their caseload	Percentage of case managers who provided a response to the number of children on their caseload.
1 child	6 case managers	1.9%
2 children	11 case managers	3.5%
3 children	7 case managers	2.2%
4 children	5 case managers	1.6%
5 children	8 case managers	2.5%
6 children	5 case managers	1.6%
7 children	7 case managers	2.2%
8 children	7 case managers	2.2%
9 children	8 case managers	2.5%
10 children	10 case managers	3.2%
11 children	6 case managers	1.9%
12 children	12 case managers	3.8%
13 children	19 case managers	6.0%
14 children	17 case managers	5.4%
15 children	33 case managers	10.4%
16 children	18 case managers	5.7%
17 children	21 case managers	6.6%
18 children	28 case managers	8.9%
19 children	4 case managers	1.3%
20 children	15 case managers	4.7%
21 children	8 case managers	2.5%
22 children	12 case managers	3.8%
23 children	2 case managers	0.6%
24 children	8 case managers	2.5%
25 children	11 case managers	3.5%
26 children	6 case managers	1.9%
27 children	3 case managers	0.9%
28 children	7 case managers	2.2%
29 children	3 case managers	0.9%
30 children	4 case managers	1.3%
30+ children	5 case managers	1.6%

Case Managers

3. On average, I have full and accurate medical information on each child on my caseload uploaded to OnBase.

Response	Number	Percent
Never	10	3.1%
Some of the time	88	27.4%
Half of the time	67	20.9%
Majority of the time	139	43.3%
All of the time	17	5.3%

4. On average, I have provided the Health Care Information Summary (CD 264) to placement providers no later than 30 days of the child's initial placement.

Response	Number	Percent
Never	16	5.0%
Some of the time	50	15.7%
Half of the time	34	10.7%
Majority of the time	126	39.5%
All of the time	93	29.2%

5. I have completed both the Psychotropic Medication Management and Informed Consent trainings from the Children's Division for children in foster care.

Response	Number	Percent
I have completed the psychotropic medication management training	48	15.4%
I have completed the informed consent training	5	1.6%
I have completed BOTH the psychotropic medication and informed consent trainings	255	82.0%
I have NOT completed these trainings	3	1.0%

6. I have reviewed the medical records to help guide me in making informed consent decisions for the youth on psychotropic medications.

Response	Number	Percent
Yes	269	87.3%
No	18	5.8%
N/A – child not on psychotropic medications	21	6.8%

Case Managers

7. I have reviewed/monitored the use of psychotropic medications for children on my caseload who are in foster care through the use of supervisor consultations at least every three months?

Response	Number	Percent
Yes	268	87.0%
No	21	6.8%
N/A – child not on psychotropic medications	19	6.2%

8. Children on my caseload have received secondary/mandatory reviews with the Statewide Clinical Consultant (Center for Excellence) per policy.

Response	Number	Percent
Never	37	12.7%
Some of the time	58	19.9%
Half of the time	23	7.9%
Majority of the time	49	16.8%
All of the time	50	17.1%
N/A – Review not required	75	25.7%

9. When I have received recommendations from the Center for Excellence, I have considered those recommendations and used them to have a conversation with the child's prescriber.

Response	Number	Percent
Never	0	0.7%
Some of the time	7	2.4%
Half of the time	10	3.4%
Majority of the time	34	11.6%
All of the time	138	47.1%
N/A – Never had a review from the Center of Excellence	102	34.8%

10. When I have received recommendations from the Center for Excellence, I have attempted to share them with the child's parents/legal guardians, if contact information is known and it is in the child's best interests. If the parents are restricted from receiving the recommendations from the Center for Excellence, I provided them with a denial letter, CD 280.

Response	Number	Percent
Never	12	4.1%
Some of the time	6	2.0%
Half of the time	6	2.0%
Majority of the time	42	14.3%
All of the time	115	39.2%
N/A – Termination of Parental Rights occurred or never completed a review from the Center for Excellence	112	38.2%

Case Managers

11. I have provided informed consent and completed a CD 275 for any child in foster care regarding the use of psychotropic medications.

Response	Number	Percent
Never	8	2.9%
Some of the time	12	4.3%
Half of the time	9	3.2%
Majority of the time	59	21.3%
All of the time	170	61.4%
N/A – No youth on a psychotropic medication	19	6.9%

12. For every informed consent decision, I have engaged the child's Family Support Team members within 10 days of the decision and documented this engagement in FACES.

Response	Number	Percent
Never	40	14.5%
Some of the time	40	14.5%
Half of the time	32	11.6%
Majority of the time	89	32.2%
All of the time	75	27.2%

13. When making an informed consent decision regarding a child prior to Termination of Parental Rights I have attempted to engage the parents by making 2 attempts on two different days to contact them and documented these attempts in FACES.

Response	Number	Percent
Never	22	8.0%
Some of the time	8	2.9%
Half of the time	10	3.6%
Majority of the time	68	24.7%
All of the time	167	60.7%

14. Any time a parent was opposed to the informed consent decision I initiated a referral to the Center for Excellence.

Response	Number	Percent
Never	7	2.6%
Some of the time	5	1.8%
Half of the time	2	0.7%
Majority of the time	7	2.6%
All of the time	77	28.4%
N/A – Parent not opposed	173	63.8%

Case Managers

15. I have been able to communicate with the prescriber to obtain additional information regarding the recommendations of psychotropic medication usage in a timely manner (2-3 business days).

Response	Number	Percent
Never	10	3.7%
Some of the time	44	16.5%
Half of the time	25	9.4%
Majority of the time	109	40.8%
All of the time	79	29.6%

16. I have obtained informed assent from any child in foster care 12 or older regarding the use of psychotropic medications and allowed them to sign the CD 275.

Response	Number	Percent
Never	21	7.8%
Some of the time	14	5.2%
Half of the time	8	3.0%
Majority of the time	39	14.4%
All of the time	135	50.0%
N/A – No children on psychotropic medication over the age of 12	53	19.6%

Resource Providers

A. Resource Provider Survey Results

1. How many foster children (age 0-17 years) in your home have been on psychotropic medication since January 2020?

Response	Number	Percent
0	140	61.9%
1	59	26.1%
2	18	8.0%
3	9	4.0%
4+	0	0%

2. How long was the child you are reporting on in your care?

Response	Number	Percent
Less than 3 months	5	8.1%
3-6 months	13	21.0%
6 months to 1 year	15	24.2%
Year to year and a half	10	16.1%
Year and a half to 2 years	6	9.7%
Two plus years	13	21.0%

3. On average, the case manager attended the child's medical appointment about psychotropic medication either in person or by phone or spoke to the prescriber prior to the appointment if the case manager was not able to attend the scheduled appointment.

Response	Number	Percent
Never	31	50.0%
Some of the time	9	14.5%
Half of the time	3	4.8%
Majority of the time	7	11.3%
All of the time	12	19.4%

4. Did a case manager ever provide a reason why they were unable to attend a scheduled appointment?

Response	Number	Percent
Yes	10	20.4%
No	28	57.1%
N/A	11	22.4%

5. The case manager offered to transport the child to their medical appointment if necessary.

Response	Number	Percent
Never	33	53.2%
Some of the time	10	16.1%
Half of the time	2	3.2%
Majority of the time	2	3.2%
N/A- Never necessary	13	21.0%

Resource Providers

6. I was able to get in contact with a case manager within 24 hours after recommendation to begin a new psychotropic medication.

Response	Number	Percent
Never	10	15.4%
Some of the time	10	15.4%
Half of the time	2	3.1%
Majority of the time	12	18.5%
All of the time	31	47.7%

7. The case manager responded timely when an informed consent decision was required.

Response	Number	Percent
Never	8	12.3%
Some of the time	9	13.8%
Half of the time	1	1.5%
Majority of the time	13	20.0%
All of the time	34	52.3%

8. How long did it take to receive informed consent from a case manager?

Response	Number	Percent
Less than a day	22	36.7%
1 business day	21	35.0%
2 business days	6	10.0%
3 business days	4	6.7%
4 business days	1	1.7%
5 business days	1	1.7%
6 business days	1	1.7%
7 business days or more	4	6.7%

9. The case manager requested a secondary review from the Center for Excellence when necessary.

Response	Number	Percent
Yes	4	6.8%
No	5	8.5%
I don't know	33	55.9%
N/A – review not needed	17	28.8%

10. If a secondary review was completed the case manager shared the recommendations with me.

Response	Number	Percent
Never	16	27.6%
Some of the time	4	6.9%
Half of the time	0	0.0%
Majority of the time	0	0.0%
All of the time	5	8.6%
N/A – review not needed	33	56.9%

Prescribers

A. Prescriber Survey Results

1. Have you prescribed psychotropic medication to any foster children (age 0-17 years) since January 2020?

Response	Number	Percent
Yes	45	77.6%
No	13	22.4%

2. On average, the case manager attended the child's medical appointment either in person or by phone or spoke to the prescriber prior to the appointment if the case manager was not able to attend the scheduled appointment.

Response	Number	Percent
Never	6	14.0%
Some of the time	27	62.8%
Half of the time	4	9.3%
Majority of the time	3	7.0%
All of the time	3	7.0%

3. On average, I was able to get in contact with a case manager within 24 hours after a recommendation to begin a new psychotropic medication.

Response	Number	Percent
Never	4	9.3%
Some of the time	21	48.8%
Half of the time	6	14.0%
Majority of the time	9	20.9%
All of the time	3	7.0%

4. On average, the case manager responded timely when an informed consent decision was required.

Response	Number	Percent
Never	6	13.6%
Some of the time	21	47.7%
Half of the time	4	9.1%
Majority of the time	11	25.0%
All of the time	2	4.5%

5. The case manager discussed the Center for Excellence recommendations with me if a secondary review was completed

Response	Number	Percent
Never	11	25.6%
Some of the time	3	7.0%
Half of the time	2	4.7%
Majority of the time	5	11.6%
All of the time	3	7.0%
N/A – Review not required	19	44.2%

Conclusion

The Children's Division sent over 1,300 surveys to obtain insight on how Case Management Staff perceive their ability to provide services related to psychotropic medication and how the individuals they collaborate with recognize and identify the case manager's services.

The survey questions were created and reviewed by various subject matter experts within Children's Division and by contracted staff who specialize in the review of psychotropic medication for children in foster care. Extensive research was performed to identify case managers who only had a foster care caseload, resource providers who currently had a child in their care, and prescribers who were prescribing psychotropic medications to children in foster care. Children's Division developed and performed various follow up methods such as reminder e-mails and telephone calls to request valid e-mail addresses. Even with all of the preparation, the timing of the survey period is during two of the major holiday months, November and December. Although there is a required sample size for a survey to be statistically significant, Children's Division decided to increase the sample size to compensate for the possibility of a low completion rate. In some instances, the surveys were sent to the entire group, as opposed to sending the survey to a selected group of individuals.

The results of the surveys can provide Children's Division with information to guide case manager engagement and trainings throughout the year. Survey respondents were asked to rank potential training topics of interest, including new developments in psychotropic medications, new known adverse effects or combinations of psychotropic medications, and Children's Division policy and practice as it pertains to psychotropic medication management. The ultimate goal is to provide Case Management Staff with sufficient staff and the tools to be successful in their commitment to helping children live healthy, safe and productive lives.