



Children's Division Case Management Staff Annual Survey Report 2021

January 1, 2021 – December 31, 2021

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. 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 Surveys: Per the Agreement, Children's Division is required to maintain sufficient Case Management Staff, subject to state budget, appropriations and the authority to increase the number of state full-time employees. The Children's Division will conduct an annual survey of a statistically representative sample of Case Management Staff to assess their self-reported ability to perform the functions assigned to them in Children's Division policy related to psychotropic medications. In addition, the Children's Division will conduct an annual survey of a statistically representative sample of Licensed Resource Providers and Prescribers, to assess the availability of Case Management Staff for the purposes of providing informed consent, getting children to medical appointments, and engaging in secondary psychotropic medication reviews. The purpose of this report is to provide the results of each survey. This report will be posted on the Children's Division website on or before February 15, 2022 and a notice of the posting will be sent to the Plaintiffs' Counsel.

Definitions: The following is a list of terms that are referenced in the surveys:

- A. "Alternative Care" refers to a child between the ages of 0-17 in Foster Care.
- B. "Case Management Staff" refers to Children's Division, Foster Care Case Management staff member(s) and/or the Case Manager's supervisor assigned to manage the case of a child ages 0-17 in foster care.
- C. "Family and Children Electronic System (FACES)" is the Comprehensive Child Welfare Information System developed to provide an automated, integrated case management tool for Children's Division Staff caseload.
- D. "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. Consent must be granted or withheld, after receiving all necessary information, based upon what is in the best interests of the child.
- E. "Licensed Resource Providers" refers to individuals; including relatives, who have a state issued license and provide foster care to children placed in the legal custody of Children's Division.
- F. "Mandatory Reviews" If the recommended prescription of a psychotropic medication meets specific criteria, Children's Division will send a referral prior to consent to the State Clinical Consultant to review the psychotropic medication treatment and provide Children's Division with their findings and recommendations.
- G. "OnBase" is a document imaging system where documents for children in foster care are maintained.
- H. "Prescribers" refers to medical professionals who have the authority to prescribe or write an order for a patient's medication and/or treatment.
- I. "Secondary Reviews" Case Management Staff may make a referral for a secondary review of an child's case if they have concerns about psychotropic medications being prescribed to the child. Other members including the child's parents (if their rights have not been terminated) or legal guardian, the child's attorney/guardian ad litem, the child's resource provider, and the juvenile officer, may also submit a request to refer a case for secondary review of the child's psychotropic medications.

Survey Overview

Survey Development

During the development of the 2020 survey, all of the survey questions were created and reviewed by various subject matter experts within Children's Division and Foster Care Case Management staff who specialize in the review of psychotropic medication for children in foster care. For the 2021 survey, the Children's Division consulted with a similar group of subject and data matter experts. The Children's Division decided to continue utilizing the same base questions that were presented during the 2020 survey and inserted an additional question to the Prescriber survey. The survey period was from September 1, 2021 – December 1, 2021.

Survey Participant Criteria and Sample Size

Case Management Staff: The criteria for participation in the survey combined Children's Division's and Foster Care Case Management Agency Case Managers and included any individual currently assigned to a case with an active Alternative Care (e.g., foster care) function and had a verified e-mail address. A stratified random sample was based on proportional allocations among regions (e.g., Northeast Region, Northwest Region, St. Louis Region, Southeast Region, Southwest Region, and Kansas City Region). The Children's Division and Foster Care Case Management Agency Case Managers were drawn without replacement, which resulted in a sample size of four hundred and eighty-one ($n=481$) participants. This sample represents 48% of the total population ($N=997$).

Licensed Resource Providers: The criteria for participation in the survey for Resource Providers included anyone with a child in their care during 2021, had a verified e-mail address, and had an active license in one of the following types - Foster Home; Relative Home; Large Family Resource Home, Career Parent Home, Foster/Adoptive Home, and Non-Relative Kinship Home. Each Licensed Resource Provider was asked to report on the child who had been in their care the longest when completing the survey questions. The Licensed Resource Providers were drawn without replacement, which resulted in a sample size of four hundred and sixty-six ($n=466$) participants. This sample represents 20% of the total population ($N=2,353$).

Prescribers: The criteria for participation in the survey for Prescribers included identified Prescribers who had prescribed a psychotropic medication to a child in foster care from January 2021 – June 2021. Due to Prescriber schedules and the variance in how often a Prescriber might prescribe a psychotropic medication to a child in foster care, Prescribers who had a verified e-mail address and claimed billing through Medicaid were selected to participate in the survey. The Prescribers were drawn without replacement, which resulted in a sample size of one hundred and twenty-one ($n=121$) participants. This sample represents 20% of the total population ($N=606$).

Survey Procedures

All participants were given information on the survey via e-mail and asked to click the link within the e-mail to complete the survey. Participants were informed that participation was completely voluntary and they could stop the survey at any time. All of the surveys were completed and tabulated in the database that is administered and managed by a third party agency outside of the Department of Social Services and Children's Division.

Survey Results

Participants who met the survey criteria, had a verified e-mail address and opened the survey are noted below:

Case Management Staff: There were four hundred and eighty-one (481) verified and delivered e-mail addresses to Case Management Staff. Of the 481 e-mails, three hundred and seventeen (317) 66% Case Management Staff {231 Children's Division staff and 86 Foster Care Case Management staff} opened the survey.

Licensed Resource Providers: There were four hundred and sixty-six (466) verified and delivered e-mail addresses to Licensed Resource Providers. Of the 466 e-mails, two hundred (200) 43% Licensed Resource Providers opened the survey.

Prescribers: There were one hundred and twenty-one (121) verified and delivered e-mail addresses to Prescribers. Of the 121 e-mails, ninety (90) 74% Prescribers opened the survey.

The details of the survey results have been provided in the Case Management Staff, Licensed Resource Provider and Prescriber Responses sections.

Case Management Staff

A. Case Management Survey Responses

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

Response Categories	Total Number of Responses (266)	Percentage of Responses
Less than 6 months	8	3.0%
6 months to 1 year	26	9.8%
1 to 3 years	90	33.8%
3 to 5 years	63	23.7%
5 – 10 years	38	14.3%
10+ years	41	15.4%

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 Total Number of Responses (264)	Percentage of case managers who provided a response to the number of children on their caseload.
1 child	1	.4%
2 children	7	2.7%
3 children	5	1.9%
4 children	3	1.1%
5 children	7	2.7%
6 children	3	1.1%
7 children	4	1.5%
8 children	2	.8%
9 children	8	3.0%
10 children	13	4.9%
11 children	7	2.7%
12 children	8	3.0%
13 children	7	2.7%
14 children	9	3.4%
15 children	27	10.2%
16 children	16	6.1%
17 children	12	4.5%
18 children	15	5.7%
19 children	5	1.9%
20 children	16	6.1%
21 children	5	1.9%
22 children	6	2.3%
23 children	9	3.4%
24 children	5	1.9%
25 children	5	1.9%
26 children	6	2.3%
27 children	3	1.1%
28 children	4	1.5%
29 children	0	0%
30 children	5	1.9%
30+ children	41	15.5%

Case Management Staff

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

Response Categories	Total Number of Responses (266)	Percentage of Responses
Never	15	5.6%
Some of the time	65	24.4%
Half of the time	76	28.6%
Majority of the time	105	39.5%
All of the time	5	1.9%

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 Categories	Total Number of Responses (264)	Percentage of Responses
Never	7	2.7%
Some of the time	51	19.3%
Half of the time	40	15.2%
Majority of the time	108	40.9%
All of the time	58	22%

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

Response Categories	Total Number of Responses (254)	Percentage of Responses
I have completed the psychotropic medication management training	46	18.1%
I have completed the informed consent training	5	2.0%
I have completed BOTH the psychotropic medication and informed consent trainings	197	77.6%
I have NOT completed these trainings	6	2.4%

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

Response Categories	Total Number of Responses (254)	Percentage of Responses
Yes	221	87%
No	21	8.3%
N/A – child not on psychotropic medications	12	4.7%

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 Categories	Total Number of Responses (254)	Percentage of Responses
Yes	202	79.5%
No	38	15%
N/A – child not on psychotropic medications	14	5.5%

Case Management Staff

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

Response Categories	Total Number of Responses (240)	Percentage of Responses
Never	9	3.8%
Some of the time	54	22.5%
Half of the time	19	7.9%
Majority of the time	57	23.8%
All of the time	75	31.3%
N/A – Review not required	26	10.8%

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 Categories	Total Number of Responses (242)	Percentage of Responses
Never	11	4.5%
Some of the time	19	7.9%
Half of the time	9	3.7%
Majority of the time	39	16.1%
All of the time	132	54.5%
N/A – Never had a review from the Center of Excellence	32	13.2%

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 Categories	Total Number of Responses (239)	Percentage of Responses
Never	12	5.0%
Some of the time	17	7.1%
Half of the time	13	5.4%
Majority of the time	53	22.2%
All of the time	101	42.3%
N/A – Termination of Parental Rights occurred or never completed a review from the Center for Excellence	43	18.0%

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

Response Categories	Total Number of Responses (232)	Percentage of Responses
Never	6	2.6%
Some of the time	19	8.2%
Half of the time	16	6.9%
Majority of the time	60	25.9%
All of the time	121	52.2%
N/A – No youth on a psychotropic medication	10	4.3%

Case Management Staff

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 Categories	Total Number of Responses (234)	Percentage of Responses
Never	38	16.2%
Some of the time	37	15.8%
Half of the time	27	11.5%
Majority of the time	86	36.8%
All of the time	46	19.7%

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 Categories	Total Number of Responses (234)	Percentage of Responses
Never	24	10.3%
Some of the time	16	6.8%
Half of the time	6	2.6%
Majority of the time	66	28.2%
All of the time	122	52.1%

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

Response Categories	Total Number of Responses (231)	Percentage of Responses
Never	7	3.0%
Some of the time	9	3.9%
Half of the time	3	1.3%
Majority of the time	8	3.5%
All of the time	75	32.5%
N/A – Parent not opposed	129	55.8%

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 Categories	Total Number of Responses (229)	Percentage of Responses
Never	12	5.2%
Some of the time	55	24%
Half of the time	29	12.7%
Majority of the time	79	34.5%
All of the time	54	23.6%

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 Categories	Total Number of Responses (232)	Percentage of Responses
Never	17	7.3%
Some of the time	25	10.8%
Half of the time	13	5.6%
Majority of the time	42	18.1%
All of the time	105	45.3%
N/A – No children on psychotropic medication over the age of 12	30	12.9%

Licensed Resource Providers

A. Licensed Resource Provider Survey Responses

1. How many foster children (age 0-17 years) in your home have been on psychotropic medication since January 2021?

Response Categories	Total Number of Responses (196)	Percentage of Responses
0	108	55.1%
1	46	23.5%
2	26	13.3%
3	12	6.1%
4+	4	2%

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

Response Categories	Total Number of Responses (66)	Percentage of Responses
Less than 3 months	8	12.1%
3-6 months	3	4.5%
6 months to 1 year	13	19.7%
Year to year and a half	15	22.7%
Year and a half to 2 years	10	15.2%
Two plus years	17	25.8%

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 Categories	Total Number of Responses (68)	Percentage of Responses
Never	39	57.4%
Some of the time	8	11.8%
Half of the time	2	2.9%
Majority of the time	8	11.8%
All of the time	11	16.2%

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

Response	Total Number of Responses (49)	Percentage of Responses
Yes	2	4%
No	18	37%
Other	26	53%
N/A	3	6%

If so, please explain below.

A total number of forty-nine (49) Licensed Resource Providers responded to this open-ended question. Of the 49 responses, twenty-six (26) provided a wide variety of other explanations.

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

Response Categories	Total Number of Responses (69)	Percentage of Responses
Never	43	62.3%
Some of the time	4	5.8%
Half of the time	1	1.4%
Majority of the time	1	1.4%
All of the time	4	5.8%
N/A- Never necessary	16	23.2%

Licensed 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 Categories	Total Number of Responses (69)	Percentage of Responses
Never	9	13%
Some of the time	10	14.5%
Half of the time	1	1.4%
Majority of the time	13	18.8%
All of the time	36	52.2%

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

Response Categories	Total Number of Responses (67)	Percentage of Responses
Never	5	7.5%
Some of the time	9	13.4%
Half of the time	4	6%
Majority of the time	14	20.9%
All of the time	35	52.2%

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

Response Categories	Total Number of Responses (65)	Percentage of Responses
Less than a day	28	43.1%
1 business day	11	16.9%
2 business days	6	9.2%
3 business days	6	9.2%
4 business days	1	1.5%
5 business days	4	6.2%
6 business days	0	0%
7 business days or more	9	13.8%

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

Response Categories	Total Number of Responses (61)	Percentage of Responses
Yes	11	18%
No	7	11.5%
I don't know	25	41%
N/A – review not needed	18	29.5%

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

Response Categories	Total Number of Responses (58)	Percentage of Responses
Never	14	24.1%
Some of the time	2	3.4%
Half of the time	1	1.7%
Majority of the time	1	1.7%
All of the time	13	22.4%
N/A – review not needed	27	46.6%

Prescribers

A. Prescriber Survey Results

1. Have you prescribed psychotropic medication to any foster children (age 0-17 years) since January 2021?

Response Categories	Total Number of Responses (86)	Percentage of Responses
Yes	74	86%
No	12	14%

2. Which setting do you prescribe psychotropic medication?

Response Categories	Total Number of Responses (85)	Percentage of Responses
Inpatient	9	10.6%
Outpatient	71	83.5%
Both	5	5.9%

3. 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 Categories	Total Number of Responses (74)	Percentage of Responses
Never	35	47.3%
Some of the time	21	28.4%
Half of the time	7	9.5%
Majority of the time	8	10.8%
All of the time	3	4.1%

4. 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 Categories	Total Number of Responses (66)	Percentage of Responses
Never	18	27.3%
Some of the time	22	33.3%
Half of the time	6	9.1%
Majority of the time	14	21.2%
All of the time	6	9.1%

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

Response Categories	Total Number of Responses (66)	Percentage of Responses
Never	15	22.7%
Some of the time	22	33.3%
Half of the time	8	12.1%
Majority of the time	14	21.2%
All of the time	7	10.6%

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

Response Categories	Total Number of Responses (66)	Percentage of Responses
Never	26	39.4%
Some of the time	5	7.6%
Half of the time	4	6.1%
Majority of the time	1	1.5%
All of the time	2	3%
N/A – Review not required	28	42.4%

Conclusion

The Children's Division has sent the survey information to over 1,000 individuals 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.

Extensive research was performed to identify Case Management Staff who only had a foster care caseload, find Licensed Resource Providers who currently had a child in their care, locate Prescribers who were prescribing psychotropic medications to children in foster care, verify e-mail addresses, and create a sample size.

Survey participants were asked to list 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 topics requested ranged from trauma related trainings to information on access to mental health care services.

In conjunction with other Case Management Staff recruitment and retention, efforts, the results of these surveys can provide valuable insight on how policy translates into practice for our respected and appreciated case managers.