



# **Children's Division Case Management Staff Annual Survey Report 2025**

**January 1, 2025 – December 31, 2025**

## **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/youth in foster care. Children's Division collaborated with several public agencies to further address the needs of children/youth 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, to perform the functions assigned to them in CD policy related to Psychotropic Medications, including but not limited to, informed consent and engagement in the secondary review process where indicated. 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, 2026, 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" is a term used to describe 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 under the age of 18 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.
- D. "Family Support Team (FST)" is a group of individuals convened by the division or children's services provider on behalf of the family and/or child for the purpose of determining service and treatment needs, determining the need for placement and developing a plan for reunification or other permanency options, determining the appropriate placement of the child, evaluating case progress, and establishing and revising the case plan.
- 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. Consent must be granted or withheld, after receiving all necessary information, based upon what is in the best interests of the child.
- F. "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.
- G. "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.
- H. "OnBase" is a document imaging system where documents for children in foster care are maintained.
- I. "Prescribers" refers to medical professionals who have the authority to prescribe or write an order for a patient's medication and/or treatment.

- J. “Secondary Review” means a referral by Case Management Staff for a secondary review by a qualified psychiatrist of a child’s case if the staff member has concerns about psychotropic medications being prescribed for the child. Other members of the Family Support Team, 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**

For the 2025 survey, the Children's Division reviewed the survey configuration, structure of the questions, or other factors, that could increase the number of participants who would complete the entire survey. The Children’s Division revised some of the questions for the 2025 survey. The survey period was from September 4, 2025 – December 15, 2025.

### **Survey Participant Criteria**

**Case Management Staff:** The criteria for representation and participation in the survey combined Children’s Division-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. A stratified random standardization of 469 names was based on proportional allocations among regions (e.g., Northeast Region, Northwest Region, St. Louis Region, Southeast Region, Southwest Region, and Kansas City Region).

**Licensed Resource Providers:** The criteria for representation and participation in the survey for Resource Providers included a stratified random standardization of 500 names for anyone with a child in their care during 2025 who had an active license in a relative or non-relative 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.

**Prescribers:** The criteria for representation and participation in the survey for 786 Prescribers included identified Prescribers who had prescribed a psychotropic medication to a child in foster care from January 2025 – June 2025 and claimed billing through Medicaid.

### **Survey Process/Results**

When the survey period began, all potential participants with a valid e-mail address were sent a notice that informed them of the survey. Each notice included a request for participation and a link to the survey. Participation in the survey was voluntary. All potential participants were sent reminder notices of the surveys throughout the survey period. Participation in each survey was tabulated in a database that is administered and managed by a third-party agency outside of the Department of Social Services and Children's Division. At the close of the survey period, the survey results were sent to the Children’s Division. The chart below contains the data and results of each survey.

	<b>Survey Group</b>	<b>Total Population</b>	<b>Sample Size</b>	<b>Completed Survey</b>
1	Case Management Staff 62 (53.3%) Children’s Division Case Managers 56 (47.4%) Foster Care Case Management Agency Case Managers	984	469	118 (25.1%)
2	Licensed Resource Provider	6,172	500	89 (17.8%)
3	Prescriber	786	719	40 (5.5%)

The responses to each question in all three surveys are contained in following sections.

## **Case Management Staff**

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

<b>Response Categories</b>	<b>Total Number of Responses (118)</b>	<b>Percentage of Responses</b>
Never	3	2.5%
Some of the time	32	27.1%
Half of the time	28	23.7%
Majority of the time	49	41.5%
All of the time	6	5.1%

**2. 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.**

<b>Response Categories</b>	<b>Total Number of Responses (119)</b>	<b>Percentage of Responses</b>
Never	6	5.0%
Some of the time	21	17.6%
Half of the time	24	20.2%
Majority of the time	39	32.8%
All of the time	29	24.4%

**3. 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?**

<b>Response Categories</b>	<b>Total Number of Responses (119)</b>	<b>Percentage of Responses</b>
Never	6	5.0%
Some of the time	6	5.0%
Half of the time	12	10.1%
Majority of the time	27	22.7%
All of the time	59	49.6%
N/A No children on Psychotropic Medications	9	7.6%

**4. Children on my caseload have received secondary/mandatory reviews with the Center for Excellence per policy?**

<b>Response Categories</b>	<b>Total Number of Responses (119)</b>	<b>Percentage of Responses</b>
Never	7	5.9%
Some of the time	13	10.9%
Half of the time	11	9.2%
Majority of the time	33	27.7%
All of the time	42	35.3%
N/A – Review not required	13	10.9%

**5. 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.**

<b>Response Categories</b>	<b>Total Number of Responses (119)</b>	<b>Percentage of Responses</b>
Never	5	4.2%
Some of the time	9	7.6%
Half of the time	8	6.7%
Majority of the time	27	22.7%
All of the time	51	42.9%
NA-Never had a review from the Center for Excellence	19	16.0%

## Case Management Staff

**6. 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.**

Response Categories	Total Number of Responses (119)	Percentage of Responses
Never	2	1.7%
Some of the time	6	5.0%
Half of the time	6	5.0%
Majority of the time	28	23.5%
All of the time	54	45.4%
NA- Never had a review from the Center for Excellence	23	19.3%

**7. If the parents are restricted from receiving the recommendations from the Center for Excellence, I provided them a denial letter, CD 280.**

Response Categories	Total Number of Responses (117)	Percentage of Responses
Never	13	11.1%
Some of the time	4	3.4%
Half of the time	1	0.9%
Majority of the time	8	6.8%
All of the time	13	11.1%
NA-TPR occurred or never completed a review from the Center for Excellence	78	66.7%

**8. 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 (118)	Percentage of Responses
Never	2	1.7%
Some of the time	5	4.2%
Half of the time	12	10.2%
Majority of the time	30	25.4%
All of the time	63	53.4%
NA-No youth on psychotropic medication	6	5.1%

**9. For every informed consent decision I have had to make regarding psychotropic medications, I have engaged the child's FST members within 10 days of the decision and documented this engagement in FACES.**

Response Categories	Total Number of Responses (118)	Percentage of Responses
Never	13	11.0%
Some of the time	20	16.9%
Half of the time	15	12.7%
Majority of the time	33	28%
All of the time	37	31.4%

## Case Management Staff

**10. When making an informed consent decision regarding a child prior to TPR, I have attempted to engage their parents by making two attempts on two different days to contact them and documented these attempts in FACES.**

Response Categories	Total Number of Responses (117)	Percentage of Responses
Never	4	3.4%
Some of the time	2	1.7%
Half of the time	6	5.1%
Majority of the time	40	34.2%
All of the time	65	55.6%

**11. 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 (117)	Percentage of Responses
Never	3	2.6%
Some of the time	4	3.4%
Half of the time	4	3.4%
Majority of the time	9	7.7%
All of the time	41	35%
NA-Parent not opposed	56	47.9%

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

Response Categories	Total Number of Responses (118)	Percentage of Responses
Never	13	11%
Some of the time	27	22.9%
Half of the time	16	13.6%
Majority of the time	40	33.9%
All of the time	22	18.6%

**13. 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 (118)	Percentage of Responses
Never	6	5.1%
Some of the time	10	8.5%
Half of the time	6	5.1%
Majority of the time	24	20.3%
All of the time	59	50%
NA-No children on psychotropic medications 12 or older	13	11.0%

## **Licensed Resource Providers**

**1. From January 1, 2025 through the present, how many foster children (age 0-17 years) in your home have been on psychotropic medication?**

<b>Response Categories</b>	<b>Total Number of Responses (90)</b>	<b>Percentage of Responses</b>
0	51	56.7%
1	21	23.3%
2	9	10.0%
3	4	4.4%
4 or more	5	5.6%

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

<b>Response Categories</b>	<b>Total Number of Responses (37)</b>	<b>Percentage of Responses</b>
Less than 3 months	4	10.8%
3-6 months	7	18.9%
6 months to 1 year	13	35.1%
Year to year and a half	5	13.5%
Year and a half to 2 years	5	13.5%
Two plus years	3	8.1%

**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.**

<b>Response Categories</b>	<b>Total Number of Responses (39)</b>	<b>Percentage of Responses</b>
Never	23	59.0%
Some of the time	5	12.8%
Half of the time	2	5.1%
Majority of the time	1	2.6%
All of the time	8	20.5%

**4. If assistance was needed to transport the child to their medical appointment the case manager was available/willing to do so.**

<b>Response Categories</b>	<b>Total Number of Responses (39)</b>	<b>Percentage of Responses</b>
Never	13	33.3%
Some of the time	2	5.1%
Half of the time	0	0.0%
Majority of the time	0	0.0%
All of the time	6	15.4%
NA-Never Necessary	18	46.2%

**5. I was able to get in contact with a case manager within 24 hours after the prescriber made a recommendation for the child to begin a new psychotropic medication.**

<b>Response Categories</b>	<b>Total Number of Responses (36)</b>	<b>Percentage of Responses</b>
Never	2	5.6%
Some of the time	4	11.1%
Half of the time	4	11.1%
Majority of the time	6	16.7%
All of the time	20	55.6%

## **Licensed Resource Providers**

**6. The case manager responded within 2-3 business days when an informed consent decision was required.**

<b>Response Categories</b>	<b>Total Number of Responses (38)</b>	<b>Percentage of Responses</b>
Never	3	7.9%
Some of the time	3	7.9%
Half of the time	0	0.0%
Majority of the time	13	34.2%
All of the time	19	50.0%

**7. Based on the above criteria, the case manager requested a secondary review from the Center for Excellence when necessary.**

<b>Response Categories</b>	<b>Total Number of Responses (36)</b>	<b>Percentage of Responses</b>
Yes	13	36.1%
No	3	8.3%
I don't know	11	30.6%
NA-Review not needed	9	25.0%

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

<b>Response Categories</b>	<b>Total Number of Responses (38)</b>	<b>Percentage of Responses</b>
Never	6	15.8%
Some of the time	0	0.0%
Half of the time	3	7.9%
Majority of the time	2	5.3%
All of the time	9	23.7%
NA-Review Not Needed	18	47.4%

## **Prescribers**

**1. Which setting do you prescribe psychotropic medication?**

<b>Response Categories</b>	<b>Total Number of Responses (40)</b>	<b>Percentage of Responses</b>
Inpatient	4	10%
Outpatient	32	80%
Both	4	10%

**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.**

<b>Response Categories</b>	<b>Total Number of Responses (40)</b>	<b>Percentage of Responses</b>
Never	8	20%
Some of the time	14	35%
Half of the time	5	12.5%
Majority of the time	13	32.5%
All of the time	0	0.0%



## Prescribers

**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 Categories	Total Number of Responses (38)	Percentage of Responses
Never	4	10.5%
Some of the time	11	28.9%
Half of the time	7	18.4%
Majority of the time	8	21.1%
All of the time	4	10.5%
N/A	4	10.5%

**4. On average, the case manager responded within 2-3 business days when an informed consent decision was required.**

Response Categories	Total Number of Responses (40)	Percentage of Responses
Never	4	10%
Some of the time	9	22.5%
Half of the time	6	15.0%
Majority of the time	9	22.5%
All of the time	8	20.0%
N/A	4	10.0%

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

Response Categories	Total Number of Responses (40)	Percentage of Responses
Never	8	20%
Some of the time	5	12.5%
Half of the time	1	2.5%
Majority of the time	6	15%
All of the time	4	10%
N/A – Review not required	16	40%