M.B., et al. v. Tidball, et al. Data Validator Report

January – June 2024

Data Validator

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Introduction

This document is the third semi-annual report (hereinafter 2024-RP1) submitted by the Data Validator under the Joint Settlement Agreement (hereinafter Agreement) entered on December 5, 2019, by United States District Judge Nanette K. Laughrey in the Western District of Missouri, *M.B., et al. v. Tidball, et al.*, Case No. 2:17-cv-04102-BP. The Agreement is a document emerging from negotiations between Missouri's Department of Social Services (hereinafter Department)[1] and the legal representatives of the members of the plaintiff class, attorneys from Children's Rights, National Center for Youth Law, Saint Louis University School of Law Legal Clinics, and Morgan, Lewis & Bockius (hereinafter Plaintiffs). This report covers the period of January 1 through June 30, 2024.

Summary of Settlement and Data Validation

The Department has statutory authority over the members of the *MB* class. It is the multi-service state agency that oversees social services, including health services, child protection, prevention, and alternative care on behalf of the state of state of Missouri.

The members of the *MB* class include children and youth under eighteen years of age who are in the legal custody of the Children's Division and who are presently prescribed or are being administered one or more psychotropic medications. The Agreement provides that the Department will implement a set of changes and monitor class member cases to ensure that the circumstances leading to the initial legal complaint are addressed and improved. It establishes criteria regarding performance of activities to ensure adequate care of vulnerable children regarding the administration of psychotropic medications and related services; satisfying those criteria provides the Department a path to exit federal court supervision under the Agreement.

The Department has contracted with The Curators of the University of Missouri on behalf of the University of Missouri-Columbia (MU) for Data Validator Services. Dr. Clark M. Peters, an Associate Professor at MU's School of Social Work, is designated as the Data Validator as defined in the Agreement. MU has subcontracted with Mathematica, based in Princeton, New Jersey, for its experience in child welfare data analysis and data validation. Colleagues at MU and Mathematica constitute the Data Validator Team. The Department's designated Data Validator point of contact is Christina Barnett, the agency's Health and Well-Being Coordinator.

The Agreement guides the efforts to fulfill the settlement exit criteria and data validation activities. For all reporting periods, progress on these exit criteria and activities is measured against a set of baseline measures that were designated in the Data Validator's submission

[1] More specifically, the Children's Division within the Department is tasked with ensuring compliance with the terms of the Agreement. For simplicity, we identify the defendants as the "Department" throughout the report.

covering the first designated reporting period (hereinafter 2023-RP1), January 1 through June 30, 2023.

The mission of the Department is to "Empower Missourians to live safe, healthy, and productive lives." In seeking to remedy the circumstances that led to the initial lawsuit, the Data Validator Team acknowledges the ongoing commendable efforts of the parties, the commitment to adhering to the Agreement, and the flexibility necessitated in implementing the Agreement in the complex context of child welfare services.[2]

Our role as the Data Validator Team is to independently document the progress of the Department under the Agreement and, ultimately, help identify when the Department has satisfied the exit criteria. The Agreement states:

> *The parties agree that Defendants shall retain the services of a Data Validator for purposes of verifying and reporting on a semi-annual basis Defendants' compliance with the exit criteria identified in this Agreement. The Data Validator shall be a third party contractor of the State of Missouri that has had prior experience conducting data validation services for state child welfare agencies… (Section IV.A.1)*
>
> *The Data Validator shall issue written reports. . . . describ[ing] the measurable progress made by Defendants in relation to each of the exit criteria and reportable data elements contained in this Agreement for each six-month reporting period, as well as any issues or challenges encountered or observed by the Data Validator regarding the collection of performance data or its application to the exit criteria and data elements. (Section IV.A.2)*

Implementation Partners

The Department has the ultimate responsibility for fulfilling the terms of the Agreement. The agency is centrally organized, with administrative units that include 46 circuits (which can include one or more counties) organized into six regions. The Department has developed special dedicated roles to guide the process and help satisfy the exit criteria. Health Information Specialists, the Psychotropic Medication Advisory Committee, and the Center for Excellence in Child Well-Being are each described below. The Department's Christina Barnett, Melissa Kenny, Jill Pingel, and Larry Smith play important roles in coordinating settlement activities.

Psychotropic Medication Advisory Committee (PMAC). To provide essential expertise to Department personnel with regard to psychotropic medication in the child welfare context, the Agreement provided:

> *[The Department] will appoint and maintain a Psychotropic Medication Advisory Committee to provide professional and technical consultation and policy advice… on the*

[2] Additional information regarding the lawsuit can be found at the Department's dedicated page: https://dss.mo.gov/notice-of-proposed-class-action-settlement.htm.

development and implementation of policy pertaining to the administration of Psychotropic Medications to children in foster care. (Section III.F.1)

The Agreement requires that the PMAC meet at least quarterly. During each PMAC meeting, Health Information Specialist (HIS) supervisors present updates on the Department's progress under the Agreement, inviting PMAC to provide professional and technical consultation as needed. Meeting minutes and annual reports, as well as the Excessive Dosage Criteria guidelines developed under the Agreement, are all available on the Department's dedicated website (https://dss.mo.gov/reports.htm).

Health Information Specialists (HIS). The Department created the role of the Health Information Specialist (HIS) to help coordinate health care for young people in its care, and these specialists took on a number of responsibilities laid out in the Agreement. As indicated under the Agreement, there are twelve HIS, two of which are assigned to each of the state's six departmental regions. Two unit managers oversee HIS in their responsibilities, which include:

- Assisting Department case managers in the collection of medical records;
- Coordinating efforts to obtain all necessary medical records and completing Automatic Reviews;
- Submitting secondary and mandatory reviews as required to the Center for Excellence in Child Well-Being;
- Conducting in-depth case review with the Alternative Care Medical Review (ACMR) tool to check exit criteria compliance;
- Serving as a liaison between health care providers and Department case managers to facilitate communications;
- Meeting with case managers and providing training on matters relevant to the administration of psychotropic medications; and
- Fielding questions and providing consultation to case workers regarding informed consent policy, psychotropic medications, and coordinating medical needs of all foster children and youth.

Center for Excellence in Child Well-Being. The Agreement documents the Department's arrangement with the Center for Excellence in Child Well-Being, which is under the auspice of the University of Missouri's Department of Psychiatry, to be the Statewide Clinical Consultant. The Center's role includes making recommendations to the Department on the development and implementation of policy for conducting certain secondary reviews consistent with the terms of the Agreement. In addition to other services in support of the Department (including peer-to-peer consultations), the center also provides professional training and conducts certain secondary reviews, consistent with the terms of this Agreement.

Sources of Data for Validation

A "case record" includes all the information pertaining to an individual child's involvement with the Department. Documents in the record may be maintained electronically (that is, entered into a data system) or paper documents, which are generally scanned and uploaded into a centralized document imaging system called OnBase.[3] The Department's policy is to upload all paper-based documentation pertaining to compliance with the Agreement into OnBase.

In working with data provided by the Department, the Data Validator Team understands the sensitivity of client information and protects it with special security measures. Access to client information is limited to members of the Data Validator Team. Per memoranda on data sharing with the Department and contractual agreements among the Team members, our policy is to share data files exclusively through secure channels and retain data on password protected secure computer servers. In practice, the Department typically sends sensitive data using the state's e-mail encryption system. The Data Validator Team employs a secure Microsoft Teams site to transfer data files securely. All team members signed the Department's Confidentiality and Information Security Agreement.

All sources of data that were available for this reporting period are discussed below.

Children's Division

- **Family and Children's Electronic System (FACES).** FACES is Missouri's statewide automated child welfare information system (SACWIS) established to comply with federal requirements under the Adoption and Foster Care Analysis Reporting System (AFCARS). It is the primary electronic repository for data regarding foster care, but (like many other state systems) is built with antiquated software that makes changes to data forms —including those sought by Department staff, including HIS—and analysis challenging.
- **Training and licensing data.** In advance of the performance measurement and validation process, the state has developed and initiated systemic efforts to meet its obligation relating to staff training, maintenance of medical histories and acquisition of informed consent. Newly hired case managers at the Department or at Foster Care Case Management organizations are required to complete pre-service trainings covering informed consent and psychotropic medication. Case managers cannot provide informed consent unless they have completed the pre-service trainings. Resource providers must complete pre-placement trainings regarding psychotropic medication prior to licensure. All case managers and licensed resource providers are required to complete an annual in-service training regarding psychotropic medication. The state has provided two interactive webinars annually since 2020 to the child welfare community on topics related to psychotropic medications.

[3] For additional information, visit the Department's Child Welfare Manual, Section 5, Chapter 1 (Case Records and Filing), Overview, available at https://dssmanuals.mo.gov/child-welfare-manual/section-5-chapter-1-case-records-and-filing-overview/.

- **Publicly available reports.** The Agreement requires that the Department make publicly available reports documenting data central to the settlement. Specifically, in the "System-wide Utilization Data" section of the Agreement, Exhibit B states:

> *For the duration of the Agreement, Defendants shall publish the following data points on the DSS or CD website on a semi-annual basis:*
>
> 1. *Number of children in foster care currently prescribed a Psychotropic Medication compared to the overall number of children in foster care.*
> 2. *Percent of children in foster care currently prescribed a Psychotropic Medication.*
> 3. *Number of children in foster care identified by each of the following reporting criteria:*
>
> a. *Use of any Psychotropic Medication for a Child age three or younger;*
> b. *For a Child age four or older:*
>
> i. *Use of three or more Psychotropic Medications for 90 days or more;*
> ii. *Use of two or more concurrent antipsychotic medications for 90 days or more; and*
> iii. *Multiple prescribers of any Psychotropic Medication for 90 days or more.*
>
> 4. *Data on the following Child Health Insurance Plan (CHIP) Child Core Set Measures per Healthcare Effectiveness Data and Information Set (HEDIS) specifications:*
>
> a. *Follow-up care for Children prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication and*
> b. *Use of first-line psychosocial care for Children and adolescents on antipsychotics.*

The Department provides all public reports related to this Agreement at https://dss.mo.gov/reports.htm.

Individual case-level data

- **Paper Records/FACES/OnBase Archive.** Traditionally, hard copy files contained all client and family information. Over the years, as technology has improved, the Department has encouraged case managers to enter information directly into online repositories. One important archive, OnBase, provides electronic storage of documents, either entered directly or scanned and uploaded. OnBase has the advantage of being available electronically through any secure internet connection but can be difficult to navigate. Information essential to the Agreement's exit criteria are often found in narrative fields. Unfortunately, the platform lacks optical character recognition (OCR) capabilities, which would allow searches of scanned documents, and requires opening several documents to unbury key information. Department policy allows hard copy documents of all but medical documents to be discarded if they have been uploaded to OnBase. Written records, maintained in case managers' offices, fulfill

requirements of retention, but the Department now expects that all relevant records be available in OnBase.

- **CyberAccess/Relias.** Some essential health records are maintained in CyberAccess, a web-based HIPAA-compliant portal that enables users to view MO Healthnet paid claims data submitted over the past 3 years. These data include drug claims, diagnosis codes, CPT codes, and ER visits. Physicians can prescribe medications through this platform, while the Department personnel can view but not amend information. Conduent, a private vendor, administers CyberAccess. Another vendor, Relias, receives MO Healthnet paid claims data to provide analysis for the Department regarding psychotropic medications. However, due to lags in registering health claims and billing, these records are often out-of-date.
- **Center for Excellence (REDCap platform data).** In implementing the secondary review elements of the Settlement Agreement, the state has endeavored to build an adequate capacity of available, qualified psychiatrists who will undertake reviews of certain identified prescriptions of psychotropic medications to children in foster care and render assessments as to safety to the prescriber and authorized consenter. The state has located that capacity and function in the Center for Excellence at the University of Missouri, Department of Psychiatry. The state has collaborated with the Center for Excellence in developing a process for timely completing secondary reviews of certain flagged prescriptions of psychotropic medications to children in the plaintiff class.

  For purposes of fulfilling the Agreement, there are three types of case reviews that require definition: *secondary, mandated,* and *automatic*. Each is summarized below:

  – Secondary reviews are initiated by case managers when a case manager, parent, or child has concerns regarding prescribed psychotropic medications. Juvenile Officers, Guardians ad Litem, and resource providers each can also submit requests to the Department for secondary reviews. Circumstances leading to these reviews might include when a child is being medicated for the first time, or when a caretaker does not agree with a recommended change. Requests for these reviews are routed through the HIS assigned to the case's region.

  – Mandatory Reviews/Mandatory Informed Consent Reviews are initiated by a case manager or HIS to get a recommendation from a Qualified Psychiatrist on whether or not consent for medication should be granted, in the following situations described in Section III.E.1.k.i of the Agreement:

    a) A Child age three or younger is prescribed any Psychotropic Medication;

    b) For a Child age four or older:

    1. *Prescription of three or more concurrent Psychotropic Medications for 90 days or more;*
    2. *Prescription of two or more concurrent antipsychotic medications for 90 days or more;*

3. *Multiple prescribers of any Psychotropic Medication within a 90-day period*

4. *No later than 12 months after the Court approves this Agreement, a dose in excess of the guidelines referenced in Section III.G.*

– Automatic Reviews are conducted by the Center for Excellence on a quarterly basis for cases indicating specific criteria as described in Section III.D.4.b of the Agreement:

a) *Use of any Psychotropic Medication for a Child age three or younger;*

b) *For a Child age four or older:*

1. *Use of three or more Psychotropic Medications for 90 days or more;*
2. *Use of two or more concurrent antipsychotic medications for 90 days or more;*
3. *Multiple prescribers of any Psychotropic Medication for 90 days or more; and*

c) *A Child is prescribed a dose in excess of the guidelines described in Section III.G of this Agreement.*

The Center for Excellence notifies the HIS team, who in turn notifies the case manager and supervisor when a child is up for a review. The Department has 10 business days to submit specific records, per the Center for Excellence's protocol, which include: documentation of current medication, formal prescriber notes within last 6 months (that include the medications and rationale), weight measurement within last 6 months, and laboratory results no more than 12 months old.

Note that at times mandated and automatic reviews are sometimes referred to as "secondary reviews" in the Agreement, a term used at times generally for all reviews conducted by the Center for Excellence.

The Center for Excellence records information on all of these types of reviews into the REDCap platform, which provides a way to gather data systematically and securely.

Method

The Agreement defines 24 exit criteria and suggested performance ranges for determining whether the exit criteria have been met.[4] Performance on all the exit criteria are percentage-based. The exit criteria are divided into two exit groups:

- Exit Group 1, which includes 9 exit criteria focusing on medication monitoring and medical records; and
- Exit Group 2, which includes 15 exit criteria focusing on training for foster care staff and resource providers, secondary reviews of cases conducted by the Statewide Clinical Consultant, and practices for seeking and obtaining informed consent and assent.

Performance will continue to be assessed until performance standards are met for all criteria within an exit group for a sustained period, as described in Section IV.C.2 of the Agreement:

> *Once Defendants achieve the performance standard for all exit criteria within a designated Exit Group for three consecutive six-month Reporting Periods and comply with any enforcement orders entered by the Court, Defendants shall be entitled to exit from the provisions of the Agreement included within that Exit Group. During the third consecutive Reporting Period demonstrating compliance for purposes of exit, Defendants will be compliant so long as performance on all exit criteria stays within 5% of the original performance target.*

The goal of Data Validator reports is to measure performance towards these exit criteria every 6 months with a sufficient level of precision so that Plaintiffs and the Department can accurately track the Department's progress in improving practice and exiting the Agreement. We assess performance for most criteria using data from case reviews, with several criteria drawing on customized data reports. In this section, we discuss the process agreed upon with Plaintiffs and the Department to select a sample for case reviews, finalize the case review protocol, and analyze data from the case reviews. The customized data reports are discussed in more detail—when relevant—in the next section, where we describe our estimates for each exit criterion.

Selecting a sample for case reviews

The Agreement recognized that assessing many of the exit criteria would require information that is not available or easily accessible in existing data systems. As an alternative, the Department would need to conduct case reviews to gather the required information. Because it is not feasible to conduct case reviews for all class members and cases, Section IV.A.3 of the Agreement established:

[4] In the Performance Measurement section, we describe our approach for assessing performance relative to ultimate performance percentages agreed upon by the Department and Plaintiffs.

> *Promptly after the Data Validator is retained, the parties shall work with the Data Validator to determine the appropriate means for measuring and reporting performance on each of the exit criteria and data sharing items, including ensuring that any case reviews conducted for purposes of measuring performance are based on a statistically valid, representative, random sample of Class Members…The sample files shall be drawn, without replacement, from Class Members (as opposed to all children in CD custody). The parties agree that a sample is representative if, given the population size, the case review delivers a measurement with a 5% margin of error at the 90% confidence level.*

In discussion with Plaintiffs and the Department, we determined that we would draw a simple random sample from lists of class members provided by the Department every six months, sampling without replacement (which ensures that every listed class member has an equal chance of being selected for a case review). This sampling method meets the Agreement's requirements and produces a representative sample of class members. A potential limitation is that it does not guarantee representation of certain groups of children, such as children who were older or younger than average, children who had spent more or less than 6 months in care, children in metropolitan and non-metropolitan regions, and children who were in or not in residential care. We considered alternative sampling methods that explicitly define these child groups ("strata"). However, we determined that a simple random sample would be more stable if the characteristics or number of children in care were to change significantly over time.

We set the target sample size for 2024-RP1 (January 1 – June 30, 2024) to be 157 cases based on the class member list containing 3,270 children. Assuming a 6-month performance period and a population size of 3,270 children in care who are receiving psychotropic medication, this sample size yields the required 5% margin of error specified in the Agreement when applied to a one-sided (rather than two-sided) 90% confidence interval around a proportion. To guarantee that the margin of error will not exceed 5%, the sample size calculation assumes a proportion of 50%; if the actual proportion is larger or smaller, the margin of error will be under 5%. The target sample size of 157 cases may increase or decrease slightly in subsequent reporting periods as the number of children in care who are receiving psychotropic medication changes.[5]

To draw a sample, we use statistical software (called R) to process a data set of class members provided by the Department using the following guidelines:

- Cases are drawn randomly using a documented sampling seed that is set when the program is first run. This method of defining the seed anew for each sampling draw ensures that the results are not predictable, and recording the seed used in the program facilitates replication of results, if needed.

[5] Such changes would be relatively small – for instance, if the assumed population size increased to 7,000, then the target sample size would only increase from 157 to 161. If the assumed population size decreased to 1,750, then the target sample size would decrease to 151.

- Cases are drawn without replacement within each reporting period, but with replacement across periods. That is, a case can only be sampled once within a reporting period, but the same case may be sampled in two different 6-month reporting periods.
- Back-up cases are identified for the Department to draw from, in the order listed, if a sampled case is found to be ineligible for review. Ineligibility reasons are discussed below. If a back-up case is used, the Department must provide the reason for ineligibility of the initial case when completing the ACMR instrument.

When only a subset of class members is eligible or evaluated for a given exit criterion (as discussed in the next subsection below), the Department and Plaintiffs have agreed that the Department will review additional sampled cases to maintain the mandated 5% margin of error. The Data Validator will identify such exit criteria and relevant questions from the ACMR using performance and margins of error estimates from the most recent reporting period. We have implemented this approach beginning in 2024-RP1 (the current reporting period, covering January–June 2024), using performance and margin of error estimates from 2023-RP2 (covering July–December 2023) to request additional sample cases for exit criteria 3, 4, 6, 7, 8, and 15. The Department provided additional sample cases for these exit criteria, focusing on the data required to estimate performance. We indicate in table notes whenever the data shown in the table includes additional sample cases.

Eligibility for case review

Once a sample list (with back-up cases) is generated, it is forwarded to the Department, which then distributes the cases among HIS to conduct reviews.

Plaintiffs and the Department agreed on the following eligibility requirements for case reviews:

- Children who were administered psychotropic medications during the reporting period for diagnoses based on the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM) rather than for other uses, such as preventing seizures. The Department works with Relias to identify an inclusive list of drugs that are classified as psychotropic medications, but during case reviews HIS may find that some of these medications are used for other purposes that are not relevant to the Agreement.
- Children who were less than 18 years old as of the last day of the reporting period.
- Children whose cases were open for the first 60 days after the sample list is sent to the Department. This ensures that HIS have access to full case records.

For 2024-RP1, the Department provided a list of 3,270 children identified as having been prescribed a psychotropic medication any time from January–June 2024. The Department submitted the file to the Data Validator on July 18, 2024. We drew the sample of 157 children and provided the sample file to the Department on July 30, 2024. We provided additional sample cases for exit criteria 3, 4, 6, 7, 8, and 15 on January 9, 2025, and the Department provided the additional sample data to the Data Validator on February 14, 2025.

Developing the Alternative Care Medical Review (ACMR) instrument

The Department worked closely with Plaintiffs and the Data Validator team to develop and finalize the questions and response options to be used during case reviews. The resulting tool, called the Alternative Care Medical Review (ACMR) instrument, now reflects all parties' requirements for assessing performance on the subset of exit criteria that can only be evaluated through case reviews. Through the ACMR, HIS consolidate key information from FACES, OnBase, CyberAccess, Department staff, and the Center for Excellence. The ACMR also gathers information for required data sharing elements that are defined in the Agreement but are not exit criteria. These data sharing elements can provide additional insight into the Department's performance on particular exit criteria. A few refinements were made to the ACMR for 2024-RP1 based on requests from the Plaintiffs and the Department to clarify information on several exit criteria; these refinements are described in more detail in subsequent sections discussing relevant exit criteria. In the future, additional refinements will be made to reflect improvements in the Department's technological capacity, which include plans to replace its case management system. The Department also developed an ACMR training guide for use by HIS, which they will update as refinements are made to the ACMR. The training guide contains more detailed explanations for each question and its response options.

Data Template

Questions and response options in the ACMR are mapped to corresponding exit criteria. To identify how progress is measured for each exit criterion, as required by the Agreement, Plaintiffs, the Department, and the Data Validator developed a data template, which Plaintiffs and the Department submitted to the Court on January 18, 2024, as Exhibit 2 of the Joint Status Report. The data template also lists any additional data elements we requested and, for exit criteria that were not measured with the ACMR, the data sources required to validate performance. These other data sources might include information from the Center for Excellence, Relias, HealthNet, and specialized reports from the Department, as needed. We conducted all analyses using statistical software (R and Stata®) for reproducibility.

Verification of ACMR data gathered by HIS

Given our reliance on HIS in gathering data needed for data validation, we engaged in several activities to verify the integrity of that process. At an early stage, in the fall of 2020, members of the Data Validator team observed (through WebEx meetings and shared screens) several case reviews conducted by HIS.

- For 2023-RP1 (the first reporting period), the supervisor of the HIS joined three members of the Data Validator team over three sessions to go through each ACMR-related criterion to verify our available data for the first reporting period. In all, we worked to verify 26 cases, examining results for one or two randomly selected cases for each of 16 exit criteria. In all but

one case, our inquiry verified the data provided in REDCap, and for that case there was uncertainty about the conflicting finding.

- For 2023-RP2, we expanded on this process to verify more of our available data. For exit criteria 1 through 4, the supervisor of the HIS went through 5 randomly selected cases for each of exit criteria 1 through 4. For 12 remaining ACMR-related criteria, we randomly selected 3 cases that we identified as meeting requirements towards each exit criterion. In all, the HIS supervisor reviewed 56 cases with three members of the Data Validator team. As in 2023-RP1, our inquiry satisfactorily verified the data provided in REDCap.
- For 2024-RP1 (the current reporting period), we randomly selected 3 cases for each of the 16 ACMR-related exit criteria that our analysis either identified as ineligible or as meeting all requirements for the exit criterion. For exit criteria 6 and 7, which apply to a relatively small subset of the ACMR sample, we randomly selected three cases that we identified as ineligible. For the remaining 13 ACMR-related exit criteria, we randomly selected cases that we identified as meeting requirements towards each exit criterion. In all, the HIS supervisor reviewed 48 cases with two members of the Data Validator team. Three sampled cases that had been selected for exit criterion 16 could not be verified immediately during the observation because of limited data access. During this case review process, we only identified one case which had been incorrectly categorized as meeting the requirements of an exit criterion (exit criterion 20). The HIS supervisor thought the case should have instead been marked as ineligible for the exit criterion.

Performance Measurement

The Department and Center for Excellence provided all data necessary as described in the Data Template section to assess performance on the exit criteria.

- For the subset of exit criteria that could be assessed using ACMR data, we analyzed ACMR instruments that HIS completed for 157 cases, including 135 cases that were part of the original sample and 22 back-up cases drawn in order, as required, for cases HIS found to be ineligible. The 22 back-up cases replaced 22 cases in the original sample and 2 other cases in the back-up sample that were ineligible: 12 cases in the original sample were for children who were not prescribed psychotropic medication during the reporting period; 10 cases in the original sample and both cases in the back-up sample had closed before the 60th day after the sample was provided to the Department. One case closed before the end of the reporting period with a status of legal guardianship, and 11 cases closed after the reporting period but before the 60th day after the sample was provided to the Department. For the 11 cases that closed after the reporting period, 6 had a status of reunification, 2 had a status of legal guardianship, and 3 had a status of adoption.
- The Department provided specialized reports summarizing the training they provide to staff, contracted service providers, and resource providers.
- The Center for Excellence shared REDCap data on their case reviews and consultations.

The Department and the Center for Excellence also provided all required data sharing elements listed in the Agreement to the plaintiffs and to us. In this report, we present required data sharing elements that were collected in the ACMR or in REDCap. We provide hyperlinks to other required data sharing elements that have been posted publicly by the Department.

Using this information for each exit criterion, we identified eligible cases and calculated our performance estimate. Our general approach in calculating performance estimates was to consider cases that were missing data or that were categorized as not applicable without justification as noncompliant with the exit criterion. This contrasts with the approach used for 2023-RP1, for which we excluded such cases from the numerator and denominator of performance estimates.

Following calculation of the performance estimates from sampled cases, we calculated the margin of error around the performance estimate to assess whether it met the 5% level mandated by Section IV.A.3 of the Agreement. We calculated the margin of error based on the number of eligible sampled cases used to generate the performance estimate, assuming a one-sided 90% confidence interval. For 2023-RP2, we updated our methodology to account for smaller sample sizes for certain criteria than originally anticipated. For 2024-RP1, we removed margins of error calculated for performance estimates from eligible cases that were the eligible population.

In our report for 2023-RP1, we recommended ultimate performance percentages and assessed performance relative to them. These ultimate performance percentages have been agreed upon by the Department and Plaintiffs and were filed with the court on May 15, 2024 ("Joint Stipulation Setting Forth Agreement On Ultimate Percentage For Each Exit Criterion"). Throughout this report, we refer to these ultimate performance percentages as performance standards. Performance on the exit criteria within each Exit Group will be monitored until the Department has met the performance standards for all exit criteria within an exit group for three consecutive reporting periods. To meet the performance standard, the lower margin of error around the performance estimate must be at or above the performance standard; in the third consecutive reporting period, the performance estimate can be up to 5 percentage points below the performance standard.

Summary of Performance for 2024 Reporting Period 1 (January 1, 2024 – June 30, 2024)

In Table 1, we summarize our findings on the performance of the Department across all exit criteria in 2024-RP1. For each exit criterion, we provide the performance standard, our performance estimate, the number of eligible cases on which the performance estimate is based, and the margin of error around estimates based on sampled cases. We have noted with an asterisk and shaded in green the exit criteria for which we can be precisely sure that the Department's performance met or exceeded the performance standard.

- For 18 of the 24 exit criteria, the performance estimate was based on the population of eligible cases or the margin of error around the performance estimate was at most 5%, which meets the level of precision required by Section IV.A.3 of the Agreement for sampled cases. For the 6 remaining exit criteria (1, 3, 6, 7, 15, and 20), the margin of error for this reporting period was greater than 5% because the performance estimates were based on subsets of the overall ACMR sample or were closer to 50% than in 2023-RP2.
- For 8 of the 24 exit criteria, the Department's performance exceeded the performance standard (even after accounting for the margin of error), and the margin of error was no more than 5%, as required. All but one of these criteria were in Exit Group 2. For one additional exit criterion (15), the Department's performance exceeded the performance standard, but the margin of error was greater than 5%.

The remainder of this report discusses performance on each exit criterion in more detail, folding in discussion of required data sharing elements when relevant. Table 2 shows the exit criterion section where readers can find information on related required data sharing elements. The exceptions are for required data sharing elements that the Department has made publicly available at https://dss.mo.gov/reports.htm, which we may summarize in future Data Validator reports. In Figure 1, we show performance estimates and margins of error, by group, exit criteria, and reporting period. In the remainder of the report, we compare exit criteria performance for

this reporting period with performance in 2023-RP2, not trends across all reporting periods examined.

Table 1. Overview of performance on all exit criteria for 2024-RP1 (January 1, 2024 – June 30, 2024)

#	Exit Criterion	Performance standard	Data Validator findings for 2024-RP1		
			Calculated performance	Number of eligible cases	Margin of error
Exit Group 1: Medication Monitoring, Medical Records					
1	Did every Child have a mental health assessment with a DSM-based diagnosis documented in the Child's Case File prior to being prescribed a Psychotropic Medication?	80%	**56%**	156	±5.4%
*2	Did every Child prescribed a Psychotropic Medication have medical examinations as indicated by the current Bright Futures/American Academy of Pediatrics "Recommendation for Preventive Pediatric Health Care," or "periodicity schedule," or more frequently if recommended by the prescriber?	80%	**88%**	156	±4.1%
3	Did every Child prescribed a Psychotropic Medication for ongoing use (more than a single dose) have monitoring appointments with a prescriber at least every three months, or more frequently if indicated by the prescriber, documented in the Child's Case File?	75%	**61%**	160	±5.3%
4	Did every Child prescribed a Psychotropic Medication receive concurrent non-pharmacological treatment at the frequency and duration recommended by the prescriber?	75%	**37%**	163	±5.0%
5	Were reasonable and diligent efforts (including the steps set forth in Section III.C.1.c) made by the Child's Case Manager (or other CD staff) to compile and maintain all available medical records listed in Section III.C.1.b?	75%	**10%**	157	±3.0%
6	Was a completed copy of the Health Care Information Summary (CD-264) given to the current Resource Provider within 72 hours following initial placement? If not possible, was this document provided no later than 30 days following initial placement?	75%	**55%**	75	±8.1%
7	Was a completed copy of the Child/Family Health and Developmental Assessment (CW-103), if provided by the parent or legal guardian, given to the current Resource Provider within 72 hours following initial placement? If not possible, was this document provided no later than 30 days following initial placement?	80%	**63%**	60	±9.0%
8	Was an updated version of the Health Care Information Summary (CD-264) for the Child's prior foster care placements given to the current Resource Provider within 72 hours following subsequent placement?	75%	**15%**	97	±4.6%
9	Were completed copies of all Monthly Medical Logs (CD-265) for the Child's prior foster care placements given to the current Resource Provider within 72 hours following subsequent placement?	75%	**6%**	82	±3.1%

#	Exit Criterion	Performance standard	Data Validator findings for 2024-RP1		
			Calculated performance	Number of eligible cases	Margin of error
Exit Group 2: Training, Secondary Review, Informed Consent/Assent					
10	What percentage of foster care staff successfully completed the pre-service training on Psychotropic Medications (including the informed consent policy training)?	85%	**85%**	179	NA
11	What percentage of foster care staff successfully completed the annual in-service training on Psychotropic Medications?	85%	**70%**	961	NA
*12	What percentage of licensed Resource Providers successfully completed the pre-placement training on Psychotropic Medications?	85%	**98%**	1,143	NA
13	What percentage of licensed Resource Providers successfully completed the annual in-service training on Psychotropic Medications?	80%	**71%**	5,142	NA
*14	Was a secondary review requested by the SCC when required using the automatic review criteria set forth in Section III.D.4.a and, 12 months from the entry of the Agreement, using the criteria set forth in Section III.D.4.b?	85%	**100%**	NA	NA
*15	For all secondary reviews requested from the SCC, was the standardized request form or template filled out and, if applicable, all reasonably available additional information requested by the Qualified Psychiatrist provided?	80%	**90%**	69	±6.3%
*16	For all secondary reviews requested from the SCC, was the review timely completed?	80%	**88%**	1,365	±1.2%
*17	Was the completed secondary review request/recommendation form placed in the Child's Case File?	85%	**100%**	49	0.0%
18	When informed consent was required for the administration of Psychotropic Medication, was informed consent obtained consistent with the terms set forth in Section III.E.1?	75%	**<1%**	156	±0.6%
19	When informed consent was required for the administration of Psychotropic Medication, was the standardized form filled out and included in the Child's Case File?	75%	**21%**	156	±4.2%
20	Was a mandatory informed consent review requested from the Qualified Psychiatrist when indicated by Section III.E.1.k.i?	75%	**34%**	73	±7.4%
*21	For all informed consent reviews requested from the SCC, was the standardized request form or template filled out and, if applicable, all additional information requested by the Qualified Psychiatrist provided?	85%	**100%**	25	0.0%

#	Exit Criterion	Performance standard	Data Validator findings for 2024-RP1		
			Calculated performance	Number of eligible cases	Margin of error
*22	For all informed consent reviews requested from the SCC, was the review timely completed?	85%	**99%**	547	NA
*23	Was documentation of the informed consent review request and recommendation placed in the Child's Case File?	85%	**100%**	25	0.0%
24	If a Child is on Psychotropic Medication, was informed assent sought and documented on the standardized form in the Child's Case File consistent with the terms set forth in Section III.E.2?	75%	**10%**	157	±3.0%

Source: Exhibit B of the Agreement and data provided by the Department and Center for Excellence.

Note: Margin of error was calculated for performance estimates from a sample of eligible cases based on a one-sided 90 percent confidence interval. Rows beginning with an asterisk, which are also shaded in green, indicate that the performance estimate minus the margin of error for this reporting period is higher than the performance standard. The Department met these exit criteria for 2024-RP1. Additional sample cases were included in the number of eligible cases for exit criteria 3, 4, 6, 7, 8, and 15.

NA = Not applicable, we validated the process and not data for a number of eligible cases, or the number of eligible cases is the eligible population.

Table 2. Required data sharing elements provided by the Department

Exit criterion section or report where element is discussed	Required data sharing element
EC.2	If the examinations did not occur within the required timelines, what was the reason?
EC.3	If the appointments did not occur within the required timelines, what was the reason?
EC.6	In how many of the cases reviewed was the CD-264 provided within 72 hours following initial placement?
EC.6	In how many of the cases reviewed was the CD-264 provided within 30 days following initial placement?
EC.7	In how many of the cases reviewed was the CW-103 provided within 72 hours following initial placement?
EC.7	In how many of the cases reviewed was the CW-103 provided within 30 days following initial placement?
EC.14	How many secondary reviews were requested pursuant to Section III.D.3?
EC.17	How many reviews were required for each of the automatic review criteria set forth in Sections III.D.4.a?
EC.17	Did the Case Manager follow up with the prescriber as per the recommendation of the secondary review? If yes, what were the outcomes? If no, why was contact not made?
EC.18	If the Child's parents' parental rights have not been terminated, was the parent engaged consistent with Section III.E.1.f?
EC.18	How many cases were referred to the SCC as a result of a parent's objection to the consenting decision consistent with Section III.E.1.f.iv? What were the results of those reviews?
EC.18	Did any member of the Child's FST object to the Child's being administered Psychotropic Medication? If yes, how has this been addressed and/or resolved?
EC.18	If the individual sought to be appointed as the consenting authority, was that matter raised to the juvenile court? If yes, how has this been addressed and/or resolved?
EC.18	If a Child in a residential setting was administered a Psychotropic Medication on an emergency basis, as set forth in Section III.E.1.l.i, was notice provided to the consenting party within 24 business hours?
EC.18	If a Child in a hospital setting was administered a Psychotropic Medication on an emergency basis, as set forth in Section III.E.1.l.i, did the Child's Case Manager inquire within two business days of the Child's hospital discharge to determine whether any Psychotropic Medications were administered on an emergency basis?
EC.23	How many reviews were required for each of the mandatory informed consent review criteria set forth in Section III.E.1.k?
EC.24	How many cases were referred to the SCC as a result of a Child's objection to the administration of the medication? What were the results of those reviews?
Departmental reports[a]	Semiannual reporting on system building set forth in Sections III.C.1.a and 2.a.
Departmental report[b]	Results of an annual survey of Case Management Staff to assess their ability to perform the functions assigned to them in CD policy related to Psychotropic Medications.
Departmental report[b]	Results of an annual survey of Resource Providers and prescribers (and others as CD deems appropriate) regarding the experience of foster parents with respect to Children in their care being administered Psychotropic Medications.
Departmental reports[c]	For the duration of the Agreement, Defendants shall publish the following data points on the DSS or CD website on a semi-annual basis:

Exit criterion section or report where element is discussed	Required data sharing element
	1. Number of children in foster care currently prescribed a Psychotropic Medication compared to the overall number of children in foster care. 2. Percent of children in foster care currently prescribed a Psychotropic Medication. 3. Number of children in foster care identified by each of the following reporting criteria: a. Use of any Psychotropic Medication for a Child age three or younger; b. For a Child age four or older: i. Use of three or more Psychotropic Medications for 90 days or more; ii. Use of two or more concurrent antipsychotic medications for 90 days or more; and iii. Multiple prescribers of any Psychotropic Medication for 90 days or more. 4. Data on the following Child Health Insurance Plan (CHIP) Child Core Set Measures per Healthcare Effectiveness Data and Information Set (HEDIS) specifications: a. Follow-up care for Children prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication and b. Use of first-line psychosocial care for Children and adolescents on antipsychotics.

Source: Exhibit B of the Agreement.

Note: An amendment to the Agreement removed one required data sharing element: "When a review was initiated, did the Case Manager open the email from the SCC within three business days?" Departmental reports are available at https://dss.mo.gov/reports.htm.

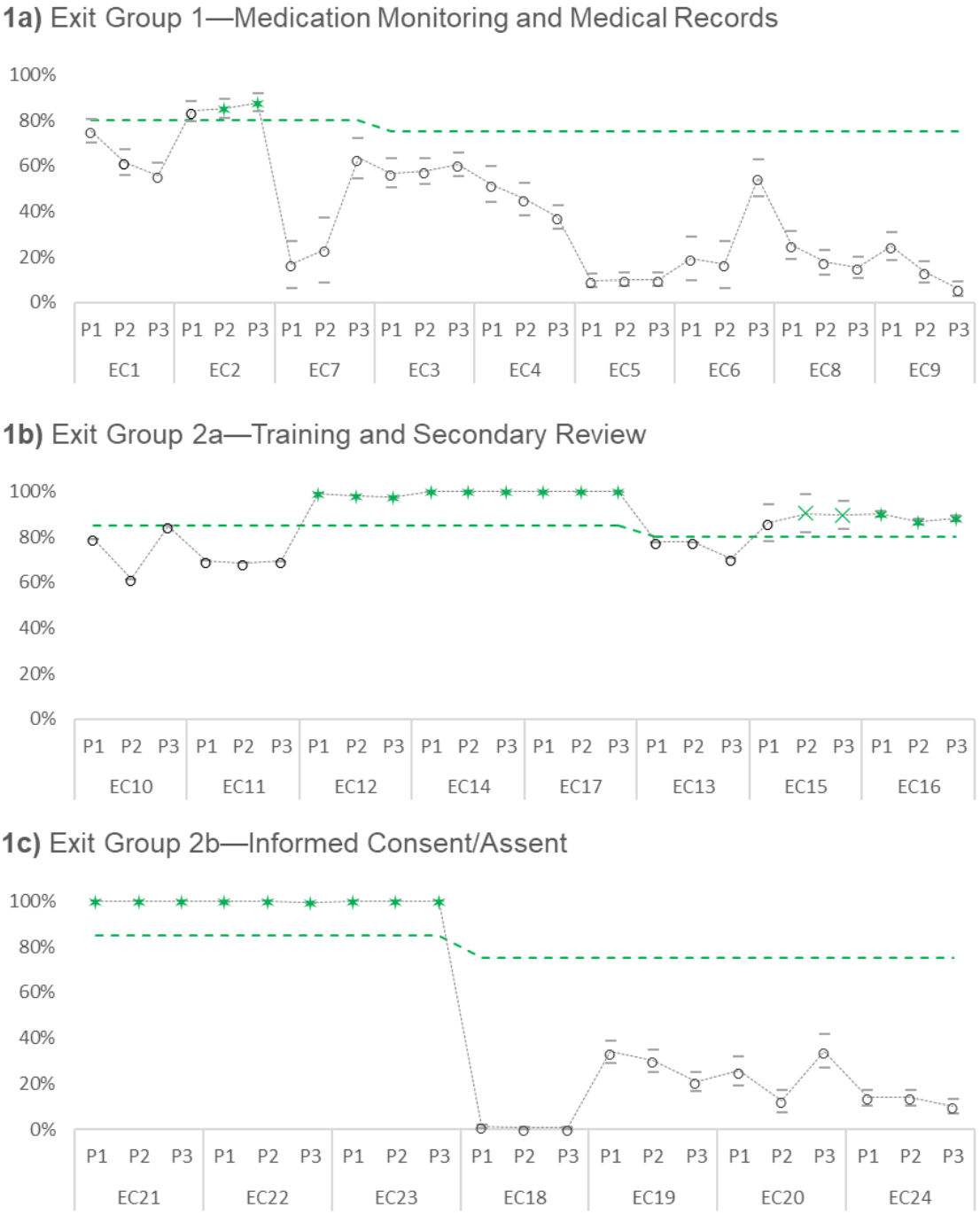
EC = Exit criterion

[a] The Department publishes two series of semi-annual reports on system-building related to Sections III.C.1.a and III.C.2.a of the Agreement. The reports related to Section III.C.1.a are titled "Children's Division Maintaining Medical Records Report," and the report covering this reporting period is available at https://dss.mo.gov/docs/1st-Semiannual-Maintaining-Medical-Records-2024.pdf. The reports related to Section III.C.2.a of the Agreement are titled "Children's Division Access to Medical Records Report," and the report covering this reporting period is available at https://dss.mo.gov/docs/1st-Semiannual-Access-to-Medical-Records-Report-2024.pdf.

[b] The Department consolidates results from annual surveys of case management staff, resource providers, and prescribers into a series of reports titled "Children's Division Case Management Staff Annual Survey Report." The most recent report covers 2023 and is available at https://dss.mo.gov/docs/ChildrensDivisionCaseManagementStaffAnnualSurveyReport2023Final.pdf.

[c] For data points 1–3, the Department publishes a series of semi-annual reports containing monthly information, titled "System Wide Utilization Data." The System Wide Utilization Data report covering this reporting period is available at https://dss.mo.gov/pdfs/system-wide-utilization-report-1-6-2024.pdf. For data point 4, the Department publishes a series of semi-annual reports containing information from either the previous calendar year or the previous fiscal year, titled "Healthcare Effectiveness Data & Information Set (HEDIS) Report." The most recent HEDIS Report covers the 2023 calendar year and is available at https://dss.mo.gov/pdfs/hedis-1st-cy-2024.pdf.

Figure 1. Performance estimates, by group, exit criterion, and reporting period



Source: Exhibit B of the Agreement and data provided by the Department and Center for Excellence.

Note: For each group, exit criterion and reporting period, the graph shows performance estimates (symbols), the margins of error around these estimates (grey dashes), and performance standards (green dashed line). If the lower margin of error was at or above the performance standard, the estimate is denoted by a green star; otherwise, it is denoted by an open circle. If the margin of error was greater than 5% and the lower margin of error was at or above the performance standard, the estimate is denoted by a green X. To have demonstrated compliance for the purposes of exit from an exit group (1 or 2), the Department must achieve green stars for all exit criteria within the exit group for three consecutive reporting periods. In the third consecutive reporting period, the compliance criteria are slightly relaxed; a green star is applied so long as the estimate is no more than 5 percentage points below the performance standard (regardless of the margin of error).

EC = Exit criterion; P1 = 2023-RP1 (1/1/23 – 6/30/23); P2 = 2023-RP2 (7/1/23 – 12/31/2023); P3 = 2024-RP1 (1/1/24 – 6/30/24).

Exit Group 1: Medication Monitoring, Medical Records

This exit group contains nine exit criteria focusing on medication monitoring and medical records. All of the exit criteria in this exit group were examined using data compiled by the Department through the ACMR and stored on REDCap. For each exit criterion in this exit group, we share our finding, describe the criterion, discuss how data from the ACMR were processed, and how performance was estimated.

1. Did every Child have a mental health assessment with a DSM-based diagnosis documented in the Child's Case File prior to being prescribed a Psychotropic Medication?

Performance on Exit Criterion 1: 56% of children had a mental health assessment with a DSM-based diagnosis documented in the Child's Case File prior to being prescribed a Psychotropic Medication. This percentage is less than the percentage calculated in 2023-RP2 (62%) and falls below the performance standard (80%).

Section III.B of the Agreement describes:

> *Every Child shall have a mental health assessment with a DSM-based diagnosis documented in the Child's Case File prior to being prescribed a Psychotropic Medication. In the case of a Child who comes into CD foster care with an existing Psychotropic Medication prescription, CD may continue to administer such medication until the necessary evaluations have been made.*

The performance standard for this exit criterion is 80% of cases reviewed. We assessed performance on this exit criterion using responses to Question 20 in the ACMR ("Did <case> have a mental health assessment with a DSM-based diagnosis documented in their case file prior to being prescribed psychotropic medication?") and an additional field indicating the reason why the child would be ineligible for this criterion. To complete Question 20, HIS classified each case into one of four statuses as shown in Table EC1.1. We confirmed this variable takes on only the response values shown in Table EC1.1. The "Partial" category includes cases where a DSM diagnosis is noted but a mental health assessment is not documented in the child's case file or was conducted after the child was prescribed psychotropic medication in care. The "No" category includes cases without a DSM diagnosis, either without a mental health assessment or with a mental health assessment conducted after the child was prescribed psychotropic medication in care. In the sample, the most prevalent classification was "Yes" (87 cases), followed by "No" (53 cases). Another 16 cases were categorized as partially meeting this criterion, in that the DSM diagnosis was noted but no mental health assessment was documented in the child's case file. HIS classified 1 case as having a "Not applicable" status for this exit criterion. HIS were trained to use this status in two situations: (1) medications were not used for psychotropic purposes, or (2) medications were prescribed prior to entry into alternative care, an appointment had not occurred following entry into care, and either the prior

mental health assessment was not received or the child's prescription had not yet expired. HIS indicated that the one case marked as "Not applicable," was in the latter situation.

Table EC1.1. Number and percentage of cases that have a mental health assessment with a DSM-based diagnosis documented in the Child's Case File prior to being prescribed a Psychotropic Medication

Classification status	Count	Percentage
Yes	87	55%
Partial, DSM diagnosis is noted but not mental health assessment is documented in the child's case file	16	10%
No	53	34%
Not applicable[a]	1	1%
Sample size	**157**	**100%**

Source: ACMR data, Question 20 ("Did <case> have a mental health assessment with a DSM-based diagnosis documented in their case file prior to being prescribed psychotropic medication?").

Note: The "Partial" category includes cases where a DSM diagnosis is noted but a mental health assessment is not documented in the child's case file or was conducted after the child was prescribed psychotropic medication in care. The "No" category includes cases without a DSM diagnosis, either without a mental health assessment or with a mental health assessment conducted after the child was prescribed psychotropic medication in care. The total number of cases used to estimate performance on this exit criterion excludes cases classified as "not applicable."

[a] The Department indicated in the ACMR that one case was prescribed medications prior to entry into alternative care, an appointment had not occurred following entry into care, and either the prior mental health assessment was not received or the child's prescription had not yet expired.

Estimation of performance. Performance on this exit criterion was 56%, calculated by dividing the number of cases with the status of "Yes" (n=87) by the number of sampled cases, excluding those marked "Not applicable" (n=156). Because the number of eligible cases for this exit criterion is less than the number of sampled cases and performance is close to 50%, the margin of error is larger than the 5% threshold described in the Agreement (See Table 1).

2. Did every child prescribed a psychotropic medication have medical examinations as indicated by the current Bright Futures/American Academy of Pediatrics "Recommendation for Preventive Pediatric Health Care," or "periodicity schedule," or more frequently if recommended by the prescriber?

Performance on Exit Criterion 2: 88% of children had medical examinations as indicated by the current Bright Futures/American Academy of Pediatrics "Recommendation for Preventive Pediatric Health Care," or "periodicity schedule," or more frequently if recommended by the prescriber. This percentage is greater than the percentage calculated in 2023-RP2 (85%) and above the performance standard (80%). Thus, the Department met this exit criterion for the three most recent reporting periods.

Section III.B of the Agreement describes:

> *Every Child prescribed a Psychotropic Medication shall have medical examinations as indicated by the current Bright Futures/American Academy of Pediatrics 'Recommendation for Preventive Pediatric Health Care,' or 'periodicity schedule,' or more frequently if recommended by the prescriber.*

The performance standard for this exit criterion is 80% of cases reviewed.

To determine how this exit criterion would be implemented, Plaintiffs and the Department discussed the complexity of the periodicity schedule, which covers many types of screenings, assessments, exams, and procedures.[6] The Department updated their policy as of August 2018 to align with the periodicity schedule's requirements for types of exams that were the most relevant to the Agreement: medical exams, wellness exams, dental exams, and hearing and vision exams. Specifically, departmental policy (which includes a hyperlink to the periodicity schedule) states that children must receive an initial health examination within 72 hours of initial placement; a full Healthy Children & Youth (HCY) screening that includes a physical examination and screening for vision, hearing, social/emotional, and dental concerns no later than 30 days after entering into care; ongoing medical examinations in accordance with the Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care; and ongoing dental exams as recommended by the dentist or every six months, but at least annually.[7] Following this discussion, Plaintiffs and the Department determined that HIS and the Data Validator would focus on compliance with medical exams, HCY wellness exams, and dental exams. Hearing and vision exams would be required if there was evidence of need from a screening or other documentation.

[6] The periodicity schedule is updated annually. As of February 26, 2025, the 2025 periodicity schedule can be found here: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

[7] The Department provided its current policy for medical and dental examinations, accessed on July 17, 2024: https://dssmanuals.mo.gov/child-welfare-manual/section-4-chapter-4-working-with-children-subsection-3-medical-and-mental-health-planning/.

Plaintiffs and the Department also discussed whether to count (for measuring this criterion) children who are in care for less than 30 days at the time of review; the department has 30 days to complete HCY wellness exams for young people in care. The Department also acknowledged challenges in getting children to all medical appointments if they are in care for fewer than a total of 30 days. Plaintiffs and the Department agreed that children who are in care for less than 30 days would be excluded from the Data Validator's calculations.

We assessed performance on this exit criterion using responses to Question 39 in the ACMR ("Did <case> have medical examinations as indicated by the current Bright Futures/American Academy of Pediatrics 'Recommendation for Preventive Pediatric Health Care,' or 'periodicity schedule,' or more frequently if recommended by the prescriber?"). To complete Question 39, HIS classified each case into one of three statuses as shown in Table EC2.1. We confirmed this variable takes on only the response values shown in Table EC2.1. The "No" category includes cases where appointments occurred but were overdue. In the sample, the most prevalent classification was "Yes" (137 cases), followed by "No" (19 cases). One sampled case was found to be ineligible for this exit criterion because they were in care less than 30 days.

Table EC2.1. Number and percentage of cases that have medical examinations as indicated by the current Bright Futures/American Academy of Pediatrics "Recommendation for Preventive Pediatric Health Care," or "periodicity schedule," or more frequently if recommended by the prescriber

Classification status	Count	Percentage
Yes	137	87%
No	19	12%
Not applicable, youth was in care less than 30 days	1	1%
Sample size	**157**	**100%**

Source: ACMR data, Question 39 ("Did <case> have medical examinations as indicated by the current Bright Futures/American Academy of Pediatrics 'Recommendation for Preventive Pediatric Health Care,' or 'periodicity schedule,' or more frequently if recommended by the prescriber?").

Note: The "No" category includes cases where appointments occurred but were overdue. See Table EC2.2 for details on the "No" category. The total number of cases used to estimate performance on this exit criterion excludes cases classified as "not applicable."

Estimation of performance. Performance on this exit criterion was 88%, calculated by dividing the number of cases with the status of "Yes" (n=137) by the number of sampled cases, excluding those marked as "Not applicable" (n=156).

The Agreement also required the Department to share data on reasons for examinations that did not occur within the required timelines. In the ACMR, HIS noted reasons why examinations did not occur within the required timelines for the 19 children who had a status of "No" in Table EC2.1. We reviewed their entries and have grouped them into categories as shown in Table EC2.2 to highlight patterns across entries. In their provided reasons, HIS typically identified cases in which they could not find documentation of exams. HIS also identified cases in which exams were overdue (7 cases), most often indicating a single exam (such as an HCY exam) and other reasons, such as children were noncompliant (1 case) or change in case workers (2 cases).

Table EC2.2. Reasons why medical examinations did not occur within required timelines

Category	Count	Percentage of cases where medical examinations did not occur within required timelines
No documentation of exams	9	47%
One type of exam overdue (HCY or dental)	7	37%
Other (Youth noncompliant; Staff transition)	3	16%
Sample size	**19**	**100%**

Source: ACMR data for cases with a "No" response on Question 39 ("Did <case> have medical examinations as indicated by the current Bright Futures/American Academy of Pediatrics 'Recommendation for Preventive Pediatric Health Care,' or 'periodicity schedule,' or more frequently if recommended by the prescriber?").

We note two considerations for this exit criterion in the future:

- The Department and Plaintiffs could consider capturing the types of reasons for missing medical examinations that are of interest for HIS to consider when reviewing case records. The two most prevalent types of reasons shared in Table EC2.2 describe the examinations that were overdue or not documented correctly, but it may be more helpful for the Department and Plaintiffs to understand the factors that contributed to these late exams or incorrect documentation. For example, an HCY could be overdue because of a lack of providers, changes in placement, or other factors that HIS may be able to learn from case review.

3. Did every Child prescribed a Psychotropic Medication for ongoing use (more than a single dose) have monitoring appointments with a prescriber at least every three months, or more frequently if indicated by the prescriber, documented in the Child's Case File?

Performance on Exit Criterion 3: 61% of children prescribed a Psychotropic Medication for ongoing use (more than a single dose) had documentation (in the child's case file) of having monitoring appointments with a prescriber at least every 3 months, or more frequently if indicated by the prescriber. This percentage is greater than the percentage calculated in 2023-RP2 (54%) but falls below the performance standard (75%).

Section III.B of the Agreement describes:

> *Every Child prescribed a Psychotropic Medication for ongoing use (more than a single dose) shall have, documented in the Child's Case File, monitoring appointments with a prescriber at least every three months, or more frequently if indicated by the prescriber.*

The performance standard for this exit criterion is 75% of cases reviewed.

We assessed performance on this exit criterion using responses to the two parts of Question 40 in the ACMR ("For ongoing use (more than a single dose) of a psychotropic medication, is there documentation (in the child's case file) of <child> having monitoring appointments scheduled with a prescriber at least every 3 months, or more frequently if indicated by the prescriber?"), along with an additional comment field indicating the reason why youth did not have monitoring appointments within the required timeframe. To complete Question 40, HIS first classified each case into one of four status categories as shown in Table EC3.1 based on whether youth attended monitoring appointments at least every three months (or more frequently if recommended). We confirmed that this variable takes on only the response values shown in Table EC3.1. The most prevalent classification in the sample was "Yes" (116 cases), and for these cases, we also confirmed that the date of the last monitoring appointment was no later than October 1, 2023 (to allow at least three months of time before the reporting period began, on January 1, 2024). The next most prevalent classification in the sample was "No" (44 cases). Another 25 sampled cases were found to be ineligible for this exit criterion, either because: (1) the child had not been on the medication for more than three months, or the minimum interval indicated by the prescriber, during the reporting period (21 cases); or (2) the child had been in alternative care for less than three months, or less than the minimum interval indicated by the prescriber (4 cases).

Table EC3.1. Number and percentage of cases prescribed a Psychotropic Medication for ongoing use that have monitoring appointments scheduled with a prescriber at least every three months or more frequently if indicated by the prescriber

Classification status	Count	Percentage
Yes	116	63%
No, appointments did not occur at least every 3 months or more frequently if recommended	44	24%
Not applicable, has not been on medication for more than 3 months (or minimum interval for monitoring appointments indicated by prescriber, if shorter than 3 months)	21	11%
Not applicable, youth in care less than 3 months (or minimum interval for monitoring appointments indicated by prescriber, if shorter than 3 months)	4	2%
Sample size[a]	**185**	**100%**

Source: ACMR data, Question 40 ("For ongoing use (more than a single dose) of a psychotropic medication, is there documentation (in the child's case file) of <case> having monitoring appointments scheduled with a prescriber at least every 3 months, or more frequently if indicated by the prescriber?").

Note: See Table EC3.2 for details on the "Yes" category and Table EC3.4 for details on the "No" category.

[a] This table accounts for additional sample cases provided by the Department.

- For the 116 cases classified as "Yes" in Table EC3.1, HIS further classified cases into one of two categories as shown in Table EC3.2 based on whether the monitoring appointments were documented in the Child's Case File. We confirmed this variable takes on only the two response values shown in Table EC3.2 or is missing. HIS classified 97 cases as "Yes" and 14 cases as "No." Five cases were missing a classification status.

Table EC3.2. Number and percentage of cases with documentation in the Child's Case File, among cases that had monitoring appointments at the required frequency

Classification status	Count	Percentage
Yes, appointment occurred and is documented in file	97	84%
No, appointment occurred but is not documented in file	14	12%
Missing[a]	5	4%
Sample size[b]	**116**	**100%**

Source: ACMR data for cases with a "Yes" response on Question 40 ("For ongoing use (more than a single dose) of a psychotropic medication, is there documentation (in the child's case file) of <case> having monitoring appointments scheduled with a prescriber at least every 3 months, or more frequently if indicated by the prescriber?").

[a] For these records, the ACMR data did not indicate whether appointments were documented in the case file, but did include the date of the last monitoring appointment.

[b] This table accounts for additional sample cases provided by the Department.

We combined responses to the two parts of Question 40 to construct a variable that classified whether both: (1) cases prescribed a Psychotropic Medication for ongoing use had monitoring appointments scheduled with a prescriber at least every three months or more frequently if indicated by the prescriber; and (2) the monitoring appointments were documented in the Child's Case File. This new variable takes on the values shown in Table EC3.3. The most prevalent classification was "Yes" (97 cases), followed by "No" for cases that did not have monitoring appointments scheduled with a prescriber at the required frequency or did not have the

appointments documented in the file (58 cases). Twenty-five cases were found to be ineligible. Five cases had missing information on whether the monitoring appointments were documented in the Child's Case File

Table EC3.3. Number and percentage of cases prescribed a Psychotropic Medication for ongoing use with documentation in the Child's Case File of having monitoring appointments scheduled with a prescriber at least every three months or more frequently if indicated by the prescriber

Classification status	Count	Percentage
Yes	97	52%
No (did not have monitoring appointments at the required frequency or did not have the appointments documented in the file)	58	31%
Missing	5	3%
Not applicable[a]	25	14%
Sample size[b]	**185**	**100%**

Source: ACMR data, Question 40 ("For ongoing use (more than a single dose) of a psychotropic medication, is there documentation (in the child's case file) of <case> having monitoring appointments scheduled with a prescriber at least every 3 months, or more frequently if indicated by the prescriber?").

[a] The Department indicated in the ACMR that children in these cases had either not been on the medication for more than 3 months during the reporting period (or the minimum interval indicated by the prescriber) or had been in care for less than 3 months (or the minimum interval indicated by the prescriber). The total number of cases used to estimate performance on this exit criterion excludes cases classified as "not applicable."

[b] This table accounts for additional sample cases provided by the Department.

Estimation of performance. Performance on this exit criterion was 61%, calculated by dividing the number of cases with the status of "Yes" in Table EC3.3 (n=97) by the number of sampled cases, excluding those marked "Not applicable" in Table EC3.3 (n=160). The margin of error is larger than the 5% threshold described in the Agreement (See Table 1) because the number of eligible cases for this exit criterion in the initial sample was less than the number of sampled cases and, relative to 2023-RP2, performance was closer to 50%.

Based on the additional sample cases provided by the Department, for the 40 children classified as "No" in Table EC3.1, HIS further noted the reasons why the monitoring appointments did not occur within the required timelines. HIS could classify cases into one of the four statuses shown in the first four rows of Table EC3.4 or could enter another reason. In the sample, HIS noted that in two cases monitoring appointments did not occur within the required timelines because the provider recommended visits occur less frequently. In two cases the monitoring appointments did not occur because the appointment was cancelled by the case manager or placement provider. We reviewed HIS' descriptions of reasons that did not fit into these four statuses and have grouped them into the remaining three categories in Table EC3.4. In their provided reasons, HIS identified 29 cases in which documentation on the frequency of monitoring appointments was not available, 5 cases where HIS did not provide a reason (either noting that the reason was unknown, or the child did not see a prescriber), and 2 cases with other reasons such as the child's case worker or prescriber changed.

Table EC3.4. Reasons why the monitoring appointments did not occur within the required timelines

Classification status	Count	Percentage
Prescriber recommends visits occur less frequently	2	5%
Appointment was cancelled by case manager or placement provider	2	5%
Prescriber rescheduled appointment	0	0%
Child was discharged from CD custody	0	0%
No documentation available for review	29	66%
Reason unknown	5	20%
Other (Staff or provider transition)	2	5%
Sample size	**40**	**100%**

Source: ACMR data for cases with a "No" response on Question 40 ("For ongoing use (more than a single dose) of a psychotropic medication, is there documentation (in the child's case file) of <case> having monitoring appointments scheduled with a prescriber at least every 3 months, or more frequently if indicated by the prescriber?").

Note: Percentages do not sum to 100% due to rounding.

CD = Children's Division

We note one consideration for this exit criterion in the future. The Department could consider adding more status codes in the ACMR reasons why caseworkers did not document monitoring appointments. This is a required data sharing element under the Agreement. Of the 40 cases classified as "No" in Table EC3.1 for which this information should be available, HIS indicated that documentation of the reason was not available in more than half (29 cases) and that the reason was unknown in five additional cases. It may be helpful for the Department and Plaintiffs to understand the extent to which documentation was missing because monitoring appointments did not occur or because the case worker, supervisor, or the placement provider did not submit documentation and were unavailable for the review.

4. Did every Child prescribed a Psychotropic Medication receive concurrent non-pharmacological treatment at the frequency and duration recommended by the prescriber?

Performance on Exit Criterion 4: 37% of children prescribed a Psychotropic Medication received concurrent non-pharmacological treatment at the frequency and duration recommended by the prescriber. This percentage is less than the percentage calculated in 2023-RP2 (45%) and falls below the performance standard (75%).

Section III.B of the Agreement describes:

> *Every Child prescribed a Psychotropic Medication shall receive concurrent non-pharmacological treatment at the frequency and duration recommended by the prescriber.*

The performance standard for this exit criterion is 75% of cases reviewed.

We assessed performance on this exit criterion using responses to Question 41 in the ACMR ("Is there documentation in <child's> case file of concurrent non-pharmacological treatment at the frequency and duration recommended by the prescriber?"). To complete Question 41, HIS first classified each case into one of six status categories as shown in Table EC4.1. We confirmed this variable takes on only the response values shown in Table EC4.1. The most prevalent classification in the sample was "Not applicable, no recommendation was made by the prescriber" (103 cases). HIS classified 1 case as "Not applicable, youth entered care on medications and a prescriber appointment has not yet occurred," 61 cases as "Yes", and 102 cases into one of three response values for "No." HIS were trained to use a classification of "No" in any of three situations: (1) there was no documentation in the case file of non-pharmacological treatment or the child has not been receiving concurrent non-pharmacological treatment as recommended by the prescriber (100 cases); (2) the recommended service is not available (0 cases); or (3) the child is on the waitlist to receive treatment (2 cases).

Table EC4.1. Number and percentage of cases prescribed a Psychotropic Medication that received concurrent non-pharmacological treatment at the prescriber-recommended frequency and duration

Classification status	Count	Percentage
Yes	61	23%
No, no documentation in case file, or youth has not been receiving concurrent non-pharmacological treatment as recommended by the prescriber	100	37%
No, recommended service not available	0	0%
No, youth is on the waitlist to receive treatment that was recommended by the prescriber	2	1%
Not applicable, no recommendation was made by the prescriber	103	39%
Not applicable, youth entered care on medications and a prescriber appointment has not yet occurred	1	1%
Sample size[a]	**267**	**100%**

Source: ACMR data, Question 41 ("Is there documentation in <child's> case file of concurrent non-pharmacological treatment at the frequency and duration recommended by the prescriber?").

Note: Percentages do not sum to 100% due to rounding. See Table EC4.2 for details on the "Yes" category and Table EC4.3 for details on the "No" categories. The total number of cases used to estimate performance on this exit criterion excludes cases classified as "not applicable."

[a] This table accounts for additional sample cases provided by the Department.

- Of the additional sample cases provided by the Department, for the 28 children who had a status of "Yes" in Table EC4.1, HIS also noted in the ACMR, the non-pharmacological treatments received. We reviewed their entries and grouped them into the categories shown in Table EC4.2. In their specified treatments, HIS indicated that all but one case received counseling or therapy, which includes different types of therapy such as individual or group therapy (27 cases). HIS referenced treatment from residential facilities for one case.

Table EC4.2. Non-pharmacological treatments children received during the reporting period

Classification status	Count	Percentage
Therapy or counseling	27	96%
Treatment from residential facilities	1	4%
Sample size	**28**	**100%**

Source: ACMR data for cases with a "Yes" response on Question 41 ("Is there documentation in <child's> case file of concurrent non-pharmacological treatment at the frequency and duration recommended by the prescriber?").

- Of the additional sample cases provided by the Department, for the 61 children classified into any of the three "No" categories in Table EC4.1, HIS had the option in the ACMR to note the reasons why children did not receive concurrent non-pharmacological treatment as recommended by the prescriber. We reviewed their entries and grouped them into the categories shown in Table EC4.3. In their provided reasons, HIS most often indicated that no records were available for review (48 cases). In 10 cases, HIS did not provide a reason for lack of service receipt (either noting that the reason was unknown or leaving the field blank). HIS further clarified that for these cases, it is likely that there was no prescriber note to determine the recommended concurrent non-pharmacological treatment by the prescriber. The file might contain documentation of services received or no documentation of the services. In two cases, HIS identified other reasons, such as the case worker was unaware of the prescriber

note for non-pharmacological treatment (1 case), or there was a change in the child's case manager (1 case).

Table EC4.3. Reasons why children did not receive concurrent non-pharmacological treatment at the frequency and duration recommended by the prescriber

Classification status	Count	Percentage
No records available for review	48	80%
Reason unknown or missing	10	17%
Other (Case worker unaware of prescriber note; Staff transition)	2	4%
Sample size	**60**	**100%**

Source: ACMR data for cases with any of the No responses on Question 41 ("Is there documentation in <child's> case file of concurrent non-pharmacological treatment at the frequency and duration recommended by the prescriber?").

Note: Percentages do not sum to 100 due to rounding.

Estimation of performance. Performance on this exit criterion was 37%, calculated by dividing the number of cases with the status of "Yes" in Table EC4.1 (n=61) by the number of sampled cases, excluding those marked "Not applicable" in Table EC4.1 (n=163). After including additional sampled cases from the Department, the margin of error is equal to the 5% threshold described in the Agreement (See Table 1).

5. Were reasonable and diligent efforts (including the steps set forth in Section III.C.1.c) made by the Child's Case Manager (or other CD staff) to compile and maintain all available medical records listed in Section III.C.1.b?

Performance on Exit Criterion 5: 10% of children's case managers (or other CD staff) made reasonable and diligent efforts to gather all available medical records. This percentage is the same as the percentage calculated in 2023-RP2 (10%) and falls below the performance standard (75%).

Section III.C.1.b of the Agreement states:

> *CD shall exercise reasonable and diligent efforts to compile and maintain the medical record for each Child in CD foster care. This medical record shall include full and accurate medical information and history for each Child in CD custody, including but not limited to the following: medical and surgical history; dental history; psychosocial history; past mental health and psychiatric history, including medication history and documented benefits and adverse effects; past hospitalization or residential treatment history; allergies; immunizations; current and past medications, including current dosage and directions for administration; family health history; treatment and/or service plans; results of any clinically indicated lab work; the names and contact information for all of the Child's current and past mental health, dental, and medical providers; and signed consent forms, including but not limited to those for Psychotropic Medications.*

Section III.C.1.c of the Agreement adds:

> *Efforts by CD staff to obtain the information described in Section III.C.1.b shall be documented in the Child's Case Record. To the extent applicable, such efforts shall include but not be limited to accessing Medicaid claims data, requesting information from current and past medical care providers known to CD, reaching out to the Child's health insurance plan, gathering records from past foster care episodes, and gathering records and information from parents (whose rights have not been terminated) or guardians and other family members involved in the Child's healthcare.*

The performance standard for this exit criterion is 75% of cases reviewed.

The Department and Plaintiffs agreed that, for purposes of evaluating performance for this criterion, HIS had the relevant training and experience to assess "reasonable and diligent efforts" for the aspects of medical information and history referenced in the Agreement, drawing from Departmental policy and requirements for number and frequency of contacts for different types of information. The Department and Plaintiffs also agreed that the focus of this exit criterion is on efforts made to obtain records, not whether the records were ultimately obtained.

We assessed performance on this exit criterion using responses to Question 1 in the ACMR ("Did <child's> case manager (or other CD staff) make reasonable and diligent effort to gather all available medical records?"). To complete Question 1, HIS reviewed administrative records and met with case managers to classify each case into one of three categories as shown in Table EC5.1. We confirmed this variable takes on only the response values shown in Table EC5.1. In the sample, the most prevalent classification was "Partial" (109 cases), followed by "No" (32 cases), and "Yes" (16 cases).

Table EC5.1. Number and percentage of cases in which the case manager (or other CD staff) made reasonable diligent efforts to obtain all available medical records

Classification status	Count	Percentage
Yes	16	10%
Partial, some but not all records and required efforts are properly documented	109	69%
No, efforts were not made to obtain records or those efforts are not documented	32	20%
Sample size	**157**	**100%**

Source: ACMR data, Question 1 ("Did <child's> case manager (or other CD staff) make reasonable and diligent effort to gather all available medical records?").

Note: Percentages do not sum to 100 due to rounding. See Table EC5.2 for details on the "Partial" and "No" categories.

Estimation of performance. Performance on this exit criterion was 10%, calculated by dividing the number of cases with the status of "Yes" (n=16) in Table EC5.1 by the total number of sampled cases in Table EC5.1 (n=157).

In the ACMR, HIS also noted the efforts that were missing to obtain available medical records for the 141 children who had a status of "Partial" or "No." HIS classified cases using up to eight categories, as shown in Table EC5.2, and could select multiple categories for each case. For most of these cases, HIS indicated that the following types of efforts were either not made or were lacking documentation: requested medical records from past and present providers (125 cases); completing or updating the Child/Family Health and Developmental Assessment (CW–103) (84 cases); reached out to Child's Health Insurance plan (67 cases); and communicating with parents, guardians, and other family members (75 cases). Case managers are instructed by Departmental policy to provide children's families with the CW–103 form to gather health and developmental information, to share the completed CW–103 with resource providers, and to regularly update the CW–103 with new medical information.

Table EC5.2. Expected types of efforts to obtain all available medical records that were either not made or lacking documentation

Expected types of efforts to obtain medical records that were either not made or lacking documentation	Count	Percentage
Requested medical records from past and present providers	125	88%
Child/Family Health And Developmental Assessment (CW–103)	84	59%
Reached out to Child's Health Insurance plan	67	47%
Communication with parents, guardians, and other family members involved in the child's healthcare	75	53%
Medicaid data (Cyber Access)	42	30%
Records gathered from past foster care episodes (if applicable)	41	29%
Efforts were made but not documented in contact notes	22	15%
Other	12	8%
Missing	0	0%
Sample size	**141**	

Source: ACMR data, Question 1 ("Did <child's> case manager (or other CD staff) make reasonable and diligent effort to gather all available medical records?").

Note: Percentages do not sum to 100 because HIS could select more than one category per case. A classification of Missing means that the ACMR data did not indicate the specific types of efforts to obtain medical records that were either not made or lacking documentation.

6. Was a completed copy of the Health Care Information Summary (CD-264) given to the current Resource Provider within 72 hours following initial placement? If not possible, was this document provided no later than 30 days following initial placement?

Performance on Exit Criterion 6: In **55%** of cases, a completed copy of the Health Care Information Summary (CD-264) was given to the current (initial) resource provider within 72 hours following initial placement or, if not possible, no later than 30 days following initial placement. This percentage is greater than the percentage calculated in 2023-RP2 (17%) but falls below the performance standard (80%).

In determining how this exit criterion would be understood, Plaintiffs and the Department discussed whether the term "current" sought to distinguish between initial and subsequent resource providers. They noted the complexity of providing the Health Care Information Summary (CD-264) to current resource providers in cases where a placement change occurred within 72 hours (or 30 days) of initial placement. Plaintiffs and the Department also noted that both Exit Criteria 6 and 9 reference the timely provision of the Health Care Information Summary to the "current" resource provider (Exhibit B of the Agreement). However, Exit Criterion 6 refers to Section III.C.2.b of the Agreement, which describes provision of the CD-264 to the *initial* resource provider, and Exit Criterion 9 refers to Section III.C.2.c, which describes provision of the CD-264 to *subsequent* resource providers. Specifically, Section III.C.2.b of the Agreement states:

> *Upon initial placement, the assigned Case Manager will ensure that the Health Care Information Summary (CD-264), and the Child/Family Health and Developmental Assessment (CW-103) if provided by the parent or legal guardian, are completed and provided to the Resource Provider within 72 hours when possible, but no later than 30 days following placements. Efforts by the assigned Case Manager (or other staff tasked with gathering medical records) to obtain this information shall be documented in the Child's Case File.*

In light of this context, Plaintiffs and the Department agreed to evaluate Exit Criterion 6 based on interpreting the current resource provider as the *initial* resource provider. The performance standard for this exit criterion is 80% of cases reviewed.

We assessed performance on this exit criterion using responses to multiple parts of Question 2 in the ACMR ("Did case manager [or other CD staff] give the initial resource provider a completed copy of the Health Care Information Summary [CD-264] within 3 calendar days of initial placement [counting day one as the date of initial placement]?") and an additional field that indicates the reason for delays beyond 3 calendar days.

To complete Question 2, HIS first classified each case into one of three categories based on whether the case manager (or other CD staff) gave the initial resource provider a completed copy of the CD-264 within 3 calendar days of initial placement. We confirmed this variable takes on the response values of "Yes," "No," or "Not applicable." As shown in Table EC6.1, we then

separated responses of "Not applicable" further into classifications of "Not applicable, with justification" and "Not applicable, without justification," depending on whether HIS provided a reason for the case being marked "Not applicable." The most prevalent classification in the sample was "Not applicable, with justification" (180 cases), which identifies cases where HIS indicated the case was "Not applicable" and provided a reason why the case was not applicable—either the initial placement was hospitalization, on run/detention, not during the reporting period, or lasted for fewer than 3 calendar days. The next most prevalent classifications in the sample were "No" (53 cases), followed by "Yes" (36 cases).

Table EC6.1. Number and percentage of cases in which the case manager (or other CD staff) gave the current (initial) resource provider a completed copy of the Health Care Information Summary (CD-264) within 3 calendar days of initial placement

Classification status	Count	Percentage
Yes	36	13%
No, staff did not provide CD-264 or did not document providing form within 3 calendar days	53	20%
Not applicable, with justification[a]	180	67%
Not applicable, without justification	0	0%
Sample size[b]	**269**	**100%**

Source: ACMR data, Question 2 ("Did case manager [or other CD staff] give the initial resource provider a completed copy of the Health Care Information Summary [CD-264] within 3 calendar days of initial placement [counting day one as the date of initial placement]?") and initial placement date.

Note: See Tables EC6.2 and EC6.4 for details on the "No" category.

[a] The Department indicated in the ACMR that the initial placement either did not occur during the reporting period (143 cases), was hospitalization (26 cases), on the run or in detention (2 cases), or lasted for fewer than 3 calendar days (9 cases).

[b] This table accounts for additional sample cases provided by the Department.

For cases classified as "No" in Table EC6.1, HIS further classified cases into one of three categories based on whether the case manager (or other CD staff) gave the initial resource provider a completed copy of the CD-264 within 30 calendar days of initial placement. We confirmed this variable takes on only the response values of "Yes," "No," or "Not applicable." We then separated responses of "Not applicable" further into classifications of "Not applicable, with justification" and "Not applicable, without justification," as shown in Table EC6.2, depending on whether HIS provided a reason for the case being marked "Not applicable." In the sample, HIS classified all 34 cases as "No" and 5 cases as "Yes". We classified 14 cases as "Not applicable, with justification," because HIS indicated the child changed placements prior to 30 days of entering care.

Table EC6.2. Number and percentage of cases in which the case manager (or other CD staff) gave the current (initial) resource provider a completed copy of the Health Care Information Summary (CD-264) within 30 calendar days of initial placement, if not possible within 3 calendar days

Classification status	Count	Percentage
Yes	5	9%
No, staff did not provide CD-264 or did not document providing form within 30 calendar days	34	64%
Not applicable, with justification[a]	14	26%
Not applicable, without justification	0	0%
Sample size[b]	**53**	**100%**

Source: ACMR data for cases with a No response on Question 2 ("Did case manager [or other CD staff] give the initial resource provider a completed copy of the Health Care Information Summary [CD-264] within 3 calendar days of initial placement [counting day one as the date of initial placement]?").

Note: Percentages do not sum to 100 due to rounding.

[a] The Department indicated in the ACMR that the child changed placement prior to 30 days of the initial placement in these cases.

[b] This table accounts for additional sample cases provided by the Department.

We combined responses to the two parts of Question 2 to construct a variable that classified whether the case manager (or other CD staff) gave the initial resource provider a completed copy of the CD–264 within 3 calendar days or, if not possible, within 30 calendar days. This new variable takes on the values shown in Table EC6.3. The most prevalent classification was "Not applicable" (194 cases), followed by "Yes" (41 cases) and "No" (34 cases).

Table EC6.3. Number and percentage of cases in which the case manager (or other CD staff) gave the current (initial) resource provider a completed copy of the Health Care Information Summary (CD-264) within 3 calendar days of initial placement or, if not possible, within 30 calendar days

Classification status	Count	Percentage
Yes	41	15%
No	34	13%
Not applicable[a]	194	72%
Sample size[b]	**269**	**100%**

Source: ACMR data, Question 2 ("Did case manager [or other CD staff] give the initial resource provider a completed copy of the Health Care Information Summary [CD-264] within 3 calendar days of initial placement [counting day one as the date of initial placement]?").

Note: The total number of cases used to estimate performance on this exit criterion excludes cases classified as "not applicable."

[a] Includes cases marked "Not applicable, with justification" in Table EC6.1 or EC6.2.

[b] This table accounts for additional sample cases provided by the Department.

Estimation of performance. Performance on this exit criterion was 55%, calculated by dividing the number of cases with a status of "Yes" in Table EC6.3 (n=41) by the number of sampled cases, excluding those marked "Not applicable" in Table EC6.3 (n=75). The margin of error is larger than the 5% threshold described in the Agreement (See Table 1) because the number of eligible cases for this exit criterion in the initial sample was less than the number of sampled cases and, relative to 2023-RP2, performance was closer to 50%.

The Agreement also required the Department to share data on the number of cases reviewed in which the CD-264 was provided within 72 hours following initial placement and within 30 days

following initial placement. Of the additional sample cases provided by the Department, in the ACMR, HIS noted the reason for the delay beyond 3 calendar days for the 12 cases that had a status of "No" in Table EC6.1. HIS could classify cases into one of the three statuses shown in the first three rows of Table EC6.4 or could enter another reason for the delay. In the sample, HIS classified 1 case in which the parent was unavailable and 1 case where medical information was not provided or unknown from parents/guardian. HIS did not classify any cases where the majority of the child's medical history originated out of state. We reviewed their entries of other reasons and have grouped them into the remaining two categories in Table EC6.4. HIS described that the worker did not complete the CD-264 in 8 cases. In 2 cases, HIS did not provide a reason for the delay, either noting that the reason was not documented. There were no instances where the case was marked as not applicable without a justification provided.

Table EC6.4. Reason for the delay beyond 3 calendar days

Reason the CD-264 was not provided within 3 calendar days	Count	Percentage
Parent unavailable	1	8%
Medical information not provided or unknown from parents/guardian	1	8%
The majority of child's medical history originated out of state	0	0%
Worker did not complete the Health Care Information Summary (CD-264)	9	75%
Reason unknown	2	17%
Sample size	**12**	**100%**

Source: ACMR data for cases with a "No" response on Question 2 ("Did case manager [or other CD staff] give the initial resource provider a completed copy of the Health Care Information Summary [CD-264] within 3 calendar days of initial placement [counting day one as the date of initial placement]?").

Note: Percentages do not sum to 100% because HIS could select multiple reasons for delay beyond 3 calendar days.

7. Was a completed copy of the Child/Family Health and Developmental Assessment (CW-103), if provided by the parent or legal guardian, given to the current Resource Provider within 72 hours following initial placement? If not possible, was this document provided no later than 30 days following initial placement?

Performance on Exit Criterion 7: In **63%** of cases, a completed copy of the Child/Family Health and Developmental Assessment (CW-103), if provided by the parent or legal guardian, was given to the current (initial) resource provider within 72 hours following initial placement or, if not possible, no later than 30 days following initial placement. This percentage is greater than the percentage calculated in 2023-RP2 (23%) but falls below the performance standard (80%).

In determining how this exit criterion would be implemented, Plaintiffs and the Department discussed whether "current" was meant to distinguish between initial and subsequent resource providers. They noted the complexity of providing the Child/Family Health and Developmental Assessment (CW-103) to current resource providers in cases where a placement change occurred within 72 hours (or 30 days) of initial placement. Plaintiffs and the Department also noted that the Agreement references Section III.C.2.b for this exit criterion, and that section focuses on initial placement:

> *Upon initial placement, the assigned case manager will ensure that the Health Care Information Summary (CD-264), and the Child/Family Health and Developmental Assessment (CW-103) if provided by the parent or legal guardian, are completed and provided to the resource provider within 72 hours when possible, but no later than 30 days following placements. Efforts by the assigned case manager (or other staff tasked with gathering medical records) to obtain this information shall be documented in the Child's Case File.*

Following the discussion, Plaintiffs and the Department agreed that performance on this exit criterion would be assessed on initial placements occurring during the reporting period, and not for all current resource providers.

The performance standard for this exit criterion is 80% of cases reviewed. The Agreement also required the Department to share data on the number of cases reviewed in which the CW–103 was provided within 72 hours following initial placement and within 30 days following initial placement.

We assessed performance on this exit criterion using responses to multiple parts of Question 3 in the ACMR ("If the case manager received a copy of the Child/Family Health and Developmental Assessment [CW-103] from the <child's> parent(s), did the case manager provide a copy to the initial resource provider within 3 calendar days of initial placement [counting day one as the date of initial placement]?") and an additional field that indicates the reason for delays beyond 3 calendar days.

To complete Question 3, HIS first classified each case into one of three categories based on whether the case manager provided a copy of the CW–103 within 3 calendar days of initial placement. We confirmed this variable takes on the response values of "Yes," "No," or "Not applicable." We then separated responses of "Not applicable" further into classifications of "Not applicable, with justification" and "Not applicable, without justification," as shown in Table EC7.1, depending on whether HIS provided a reason for the case being marked "Not applicable." The most prevalent classification in the sample was "Not applicable, with justification" (195 cases). We classified these cases as "Not applicable, with justification," because HIS indicated the case manager did not receive the CW–103 from the parent(s), or the initial placement was hospitalization, on run/detention, not during the reporting period, or lasted for fewer than 3 calendar days. The next most prevalent classifications in the sample were "No" (83 cases), followed by "Yes" (30 cases), and "Not applicable, without justification" (3 cases).

Table EC7.1. Number and percentage of cases in which the case manager provided a copy of the Child/Family Health and Developmental Assessment (CW-103) to the current (initial) resource provider within 3 calendar days of initial placement

Classification status	Count	Percentage
Yes	30	10%
No, staff did not provide CW-103 or did not document providing form within 3 calendar days	83	27%
Not applicable, with justification[a]	195	63%
Not applicable, without justification	3	1%
Sample size[b]	**311**	**100%**

Source: ACMR data, Question 3 ("If the case manager received a copy of the Child/Family Health and Developmental Assessment [CW-103] from the <child's> parent(s), did the case manager provide a copy to the initial resource provider within 3 calendar days of initial placement [counting day one as the date of initial placement]?").

Note: Percentages do not sum to 100% due to rounding. See Table EC7.2 for details on the "No" category.

[a] The Department indicated in the ACMR that either the initial placement did not occur during the reporting period (130 cases), the case manager did not receive the CW-103 from the parent(s) (20 cases), the placement after entering care was hospitalization (30 cases), the child is on the run or in detention (2 cases), or the placement was less than 3 calendar days (13 case).

[b] This table accounts for additional sample cases provided by the Department.

- For cases classified as "No" in Table EC7.1, HIS further classified cases into one of three categories based on whether the case manager provided a copy of the CW–103 within 30 calendar days of initial placement. We confirmed this variable takes on only the response values of "Yes," "No," or "Not applicable." We then separated responses of "Not applicable" further into two classifications, "Not applicable, with justification" and "Not applicable, without justification," as shown in Table EC7.2. In the sample, we classified 56 cases as "Not applicable, with justification" because HIS indicated the child moved to a new placement prior to 30 days of the initial placement or the case manager did not receive the CW–103 from the parent(s). The next most prevalent classifications in the sample were "No" (17 cases), followed by "Yes" (8 cases), and "Not applicable, without justification (2 cases).

Table EC7.2. Number and percentage of cases in which the case manager provided a copy of the Child/Family Health and Developmental Assessment (CW-103) to the current (initial) resource provider within 30 calendar days of initial placement, if not possible within 3 calendar days

Classification status	Count	Percentage
Yes	8	10%
No, staff did not provide CW-103 or did not document providing form within 30 calendar days	17	20%
Not applicable, with justification[a]	56	67%
Not applicable, without justification	2	2%
Sample size[b]	**83**	**100%**

Source: ACMR data for cases with a No response on Question 3 ("If the case manager received a copy of the Child/Family Health and Developmental Assessment [CW-103] from the <child's> parent(s), did the case manager provide a copy to the initial resource provider within 3 calendar days of initial placement [counting day one as the date of initial placement]?") and initial placement date.

Note: Percentages do not sum to 100% due to rounding.

[a] The Department indicated in the ACMR that either the child moved to a new placement prior to 30 days of the initial placement (19 cases) or the case manager did not receive the CW-103 from the parent(s) (37 cases).

[b] This table accounts for additional sample cases provided by the Department.

We combined responses to the two parts of Question 3 to construct a variable that classified whether the case manager provided a copy of the CW–103 within 3 calendar days or, if not possible, within 30 calendar days. This new variable takes on the values shown in Table EC7.3. The most prevalent classification was "Not applicable" (251 cases), followed by "Yes" (38 cases), and "No" (22 cases).

Table EC7.3. Number and percentage of cases in which the case manager provided a copy of the Child/Family Health and Developmental Assessment (CW-103) to the current (initial) resource provider within 3 calendar days of initial placement or, if not possible, within 30 calendar days

Classification status	Count	Percentage
Yes	38	12%
No	22	7%
Not applicable[a]	251	81%
Sample size[b]	**311**	**100%**

Source: ACMR data, Question 3 ("If the case manager received a copy of the Child/Family Health and Developmental Assessment [CW-103] from the <child's> parent(s), did the case manager provide a copy to the initial resource provider within 3 calendar days of initial placement [counting day one as the date of initial placement]?").

Note: The total number of cases used to estimate performance on this exit criterion excludes cases classified as "not applicable."

[a] Includes cases marked "Not applicable, with justification" in Table EC7.1 or EC7.2.

[b] This table accounts for additional sample cases provided by the Department.

Estimation of performance. Performance on this exit criterion was 63%, calculated by dividing the number of cases with the status of "Yes" in Table EC7.3 (n=38) by the number of sampled cases excluding those marked "Not applicable" in Table EC7.3 (n=60). The margin of error is larger than the 5% threshold described in the Agreement (See Table 1) because the number of eligible cases for this exit criterion in the initial sample was less than the number of sampled cases and, relative to 2023-RP2, performance was closer to 50%.

8. Was an updated version of the Health Care Information Summary (CD-264) for the Child's prior foster care placements given to the current Resource Provider within 72 hours following subsequent placement?

Performance on Exit Criterion 8: For **15%** of cases, an updated version of the Health Care Information Summary (CD-264) for the child's prior foster care placements was given to the current resource provider within 72 hours following subsequent placement. This percentage is less than the percentage calculated in 2023-RP2 (18%) and falls below the performance standard (75%).

Section III.C.2.c of the Agreement states:

> *Whenever a placement change occurs, the Case Manager will provide to the new Resource Provider an updated version of CD-264 and a copy of all Monthly Medical Logs (CD-265) for the Child's prior foster care placements. This information will be made available at the time of placement, but no later than 72 hours following placement. This history shall include all information gathered and provided at the time of initial placement and all additional information maintained by the previous Resource Provider (including information that has been provided to the Case Manager.*

The performance standard for this exit criterion is 75% of cases reviewed.

We assessed performance on this exit criterion using responses to Question 5 in the ACMR ("For subsequent placements, did CD staff provide the current resource provider with completed copies of updated versions of the Health Care Information Summary [CD-264] within 3 calendar days of subsequent placement [counting day one as date of subsequent placement]?"). To complete Question 5, HIS classified each case into one of three categories. We confirmed this variable takes on the response values of "Yes," "No," or "Not applicable." We then separated responses of "Not applicable" further into classifications of "Not applicable, with justification" and "Not applicable, without justification," as shown in Table EC8.1. In the sample, the most prevalent classification was "No" (82 cases). The next most prevalent classification in the sample was "Not applicable, with justification" (75 cases). We classified these cases as "Not applicable, with justification," because HIS indicated the child is still in their initial placement and has not moved, the subsequent placement lasted fewer than 3 days, the subsequent placement was hospitalization or on run/detention, or the subsequent placement did not occur during the reporting period. HIS classified 15 cases as "Yes." For cases classified as "Yes," we confirmed that the date the CD-264 was given to the resource provider was within three days of the subsequent placement date, except for one case in which the CD-264 was completed prior to placement and given during the pre-placement visit.

Table EC8.1. Number and percentage of cases in which staff provided the current resource provider with the completed CD-264 within 3 calendar days of subsequent placement

Classification status	Count	Percentage
Yes	15	9%
No, staff did not provide the CD-264, the CD-264 was incomplete, or there was no documentation of providing the CD-264 within 3 days	82	48%
Not applicable, with justification[a]	75	44%
Not applicable, without justification	0	0%
Sample size[b]	**172**	**100%**

Source: ACMR data, Question 5 ("For subsequent placements, did CD staff provide the current resource provider with completed copies of updated versions of the Health Care Information Summary [CD-264] within 3 calendar days of subsequent placement [counting day one as date of subsequent placement]?").

Note: Percentages do not sum to 100% due to rounding. The total number of cases used to estimate performance on this exit criterion excludes cases classified as "not applicable, with justification."

[a] The Department indicated in the ACMR that either the subsequent placement did not occur during the reporting period (68 cases), the child did not move placements (3 cases), the subsequent placement was hospitalization (2 cases), or the child is on the run or in detention (1 case).

[b] This table accounts for additional sample cases provided by the Department.

Estimation of performance. Performance on this exit criterion was 15%, calculated by dividing the number of cases with the status of "Yes" (n=15) by the number of sampled cases, excluding those marked as "Not applicable, with justification" (n=97). After including additional sampled cases from the Department, the margin of error is less than the 5% threshold described in the Agreement (See Table 1).

9. Were completed copies of all Monthly Medical Logs (CD-265) for the Child's prior foster care placements given to the current Resource Provider within 72 hours following subsequent placement?

Performance on Exit Criterion 9: For **6%** of cases, completed copies of all Monthly Medical Logs (CD-265) for the child's prior foster care placements were given to the current resource provider within 72 hours following subsequent placement. This percentage is less than the percentage calculated in 2023-RP2 (14%) and falls below the performance standard (75%).

Section III.C.2.c of the Agreement states:

> *Whenever a placement change occurs, the Case Manager will provide to the new Resource Provider an updated version of CD-264 and a copy of all Monthly Medical Logs (CD-265) for the Child's prior foster care placements. This information will be made available at the time of placement, but no later than 72 hours following placement. This history shall include all information gathered and provided at the time of initial placement and all additional information maintained by the previous Resource Provider (including information that has been provided to the Case Manager.*

The performance standard for this exit criterion is 75% of cases reviewed.

We assessed performance on this exit criterion using responses to Question 6 in the ACMR ("For subsequent placements, did CD staff provide the current resource provider with completed copies of all Monthly Medical Logs [CD–265] received from <child's> prior foster care providers within 3 calendar days of subsequent placement [counting day one as date of subsequent placement]?"). To complete Question 6, HIS classified each case into one of three categories. We confirmed this variable takes on the response values of "Yes," "No," or "Not applicable." We then separated responses of "Not applicable" further into classifications of "Not applicable, with justification" and "Not applicable, without justification." as shown in Table EC9.1. In the sample, the most prevalent classification was "No" (77 cases). The next most prevalent classification in the sample was "Not applicable, with justification" (75 cases). We classified these cases as "Not applicable, with justification," because HIS indicated the child is still in their initial placement and has not moved, the subsequent placement lasted fewer than 3 days, the subsequent placement was hospitalization or on run/detention, or the subsequent placement did not occur during the reporting period. HIS classified 5 cases as "Yes." For cases classified as "Yes," we confirmed that the date the CD–265 was given to the resource provider was within three days of the subsequent placement date.

Table EC9.1. Number and percentage of cases in which staff provided all available completed CD-265 from prior placements to the current resource provider within 3 calendar days of subsequent placement

Classification status	Count	Percentage
Yes	5	3%
No, staff did not provide all available completed CD-265 or there was no documentation of providing the CD-265 within 3 days	77	49%
Not applicable, with justification[a]	75	48%
Not applicable, without justification	0	0%
Sample size	**157**	**100%**

Source: ACMR data, Question 6 ("For subsequent placements, did CD staff provide the current resource provider with completed copies of all Monthly Medical Logs [CD-265] received from <child's> prior foster care providers within 3 calendar days of subsequent placement [counting day one as date of subsequent placement]?").

Note: The total number of cases used to estimate performance on this exit criterion excludes cases classified as "not applicable, with justification."

[a] The Department indicated in the ACMR that either the subsequent placement did not occur during the reporting period (66 cases), the child did not move placements (4 cases), the subsequent placement was hospitalization (3 cases), the child has only been in placement for less than 72 hours (1 case), or the child is on the run or in detention (1 case).

Estimation of performance. Performance on this exit criterion was 6%, calculated by dividing the number of cases with the status of "Yes" (n=5) by the number of sampled cases, excluding those marked as "Not applicable, with justification" (n=82).

Exit Group 2: Training, Secondary Review, Informed Consent/Assent

This exit group contains a total of 15 exit criteria, including 4 criteria focused on training (Exit Criteria 10-13), 4 on secondary reviews (Exit Criteria 14-17), and 7 on informed consent and assent (Exit Criteria 18-24). We assessed compliance with the criteria related to training using customized data reports the Department provided to us, which compiled information from the Department's training systems and external service providers. We assessed compliance with the criteria related to secondary reviews using information from the ACMR and the Center for Excellence. Lastly, we assessed compliance with the criteria related to informed consent and assent using data provided through the ACMR. For each exit criterion in this exit group, we share our finding, describe the details of the criterion, how we processed the data source(s), and how performance was estimated.

10. What percentage of foster care staff successfully completed the pre-service training on Psychotropic Medications (including the informed consent policy training)?

Performance on Exit Criterion 10: 85% of foster care staff successfully completed the pre-service training on Psychotropic Medications, including the informed consent policy training. This percentage is greater than the percentage calculated in 2023-RP2 (62%) and is equal to the performance standard (85%) after rounding.

Section III.A.2.a of the Agreement clarifies the requirement that foster care staff complete pre-service training on Psychotropic Medications within six months of their hire date:

> *CD shall ensure that all Case Management Staff (within the first six months of service or within six months of entry of this Agreement for all current employees) receive four hours of pre-service training on Psychotropic Medications, including, but not limited to, the definition and classes of Psychotropic Medications; Food and Drug Administration ("FDA")-approved versus off-label use of such medications; the possible risks, benefits, and interactions of such medications; alternative forms of treatment; and CD's policies with respect to informed consent, secondary review, and medical records.*

The performance standard for this exit criterion is 85% of Case Management staff. The Department tracks pre-service trainings covering Informed Consent and Psychotropic Medications separately. The Department requires staff successfully complete both trainings. Consequently, we examine completion of both pre-service trainings for this exit criterion. To emphasize ongoing improvements to practice, Plaintiffs and the Department agreed to focus the measurement of performance on this exit criterion on staff whose 6-month deadline for completing both trainings fell during the reporting period. These staff are the focus of the findings described in this section. We operationalized 6 months as 183 days, based on rounding of the result of dividing 365 or 366 days in a calendar year by two. This approach allows the

performance measure to be assessed with the same duration in days in every reporting period. In the remainder of this section, we use 6 months to refer to 183 days.[8]

We assessed performance on this exit criterion using two customized data reports from the Department that include staff names, job titles and specialties, most recent hire dates, the dates of first training for Informed Consent and first training for Psychotropic Medication Management, and dates calculated to be 6 months from the hire date. The Department clarified that if former staff are re-employed, then they are not required to repeat any completed pre-service trainings and their training deadline for any incomplete trainings is 6 months from the most recent hire date. The data reports included information for Department case management staff as well as staff at external Foster Care Case Management (FCCM) organizations that the Department considered to be foster care staff under this exit criterion because they may manage the case of a youth in care. Unlike the ACMR data, these data reports include the full eligible population and are not based on a randomly drawn sample of cases.

1. Department staff. The data report covering Department staff included training dates for 1,468 staff, whose training completions are recorded in a centralized database. In the full data report provided to us, the most recent hire date was July 8, 2024, and the most recent pre-service training date across both trainings was July 12, 2024. Department staff were selected for this data report because the Department's Human Resources group and Training Unit determined that they had one of four job titles (Social Services Specialist, Associate Social Services Specialist, Social Services Unit Supervisor, or Senior Social Services Unit Supervisor) that made them eligible to manage the case of a youth in care. Table EC10.1 lists the staff specialties the Department identified as having a focus on managing a foster care caseload and having pre-service training deadlines during the reporting period. Per the table, 11% of foster care staff whose pre-service training deadline was during the reporting period had a Family Centered Out of Home Care specialty.[9] An additional 82% of staff were in the Family Centered Services and Family Centered Out of Home Care specialty.

[8] The Department's internal calculations add six calendar months to the hire date, so that the deadline for someone hired on January 1 would be July 1, and the deadline for someone hired on March 1 would be September 1. However, because months have different numbers of days, their definition can give a deadline of 181 to 184 days. For consistency across reporting periods, we apply a consistent 183-day deadline.

[9] Compared to the previous reporting periods, there are fewer foster care staff with a Family Centered Out of Home Care specialty and more staff with a Family Centered Services and Family Centered Out of Home Care specialty. In the previous reporting period (2023-RP2), 54 percent of foster care staff whose pre-service training deadline was during the reporting period had a Family Centered Out of Home Care specialty. In the first reporting period (2023-RP1), the comparable rate was 79 percent. In the previous reporting period (2023-RP2), 35 percent of staff were in the Family Centered Services and Family Centered Out of Home Care specialty. In the first reporting period (2023-RP1), this rate was 13 percent.

Table EC10.1. Department staff required to receive pre-service training during 2024-RP1, by specialty

Specialty of staff that focus on foster care	Foster care staff whose deadline for receiving pre-service training was during 2024-RP1	
	Count	Percentage
Children's Division Contractor	0	0%
Contractor Case Management	0	0%
Family Centered Out of Home Care	9	11%
Family Centered Services and Family Centered Out of Home Care	70	82%
Investigations and Family Centered Out of Home Care	3	4%
Investigations, Family Centered Services, and Family Out of Home Care	2	2%
Missing specialty	1	1%
Count of Department staff	**85**	**100%**

Source: Customized data report provided by the Department covering the full eligible population of Department staff.

Note: The table was limited to staff with the job title Social Services Specialist, Associate Social Services Specialist, Social Services Unit Supervisor, or Senior Social Services Unit Supervisor and whose training deadlines were during 2024-RP1. Of the 1,468 staff who were hired for any of these job titles, 755 were excluded from this table because their specialty did not focus on foster care; their specialties were as follows: Adoption Specialist; Adoption Subsidy; Case Aides; Family Centered Services; Family Development Specialist and Adoption Specialist; Family Development Specialist; Family Reunion Specialist; Investigations; Investigations and Family Centered Services; Older Youth Transition Specialist; and Prevention. An additional 538 foster care staff were excluded because they had training deadlines before 2024-RP1, and an additional 90 foster care staff were excluded because they had training deadlines after 2024-RP1.

1. **FCCM staff.** To compile the data report covering FCCM staff, the Department worked with FCCM organizations to consistently identify case-carrying staff across the organizations' different job titles and then gather their pre-service training data.[10] The data report includes 365 staff with hire dates through June 4, 2024, and pre-service training dates through June 7, 2024. The Department has standardized job titles to identify case-carrying staff starting with the previous reporting period (2023-RP2).

   Upon review of the data, the Department noticed 1 staff had an incorrect job title. We used the corrected data in Table EC10.2, which shows that during 2024-RP1, 94 FCCM staff were required to complete their pre-service training within 6 months based on their job titles, higher than the 88 case-carrying FCCM Staff identified in the previous reporting period (2023-RP2) and 46 staff in the first reporting period (2023-RP1). Nearly all of these staff in the current reporting period (2024-RP1) were Children's Service Workers (82, or 87%).

[10] The Department clarified via email: "Prior to October 2023, FCCM staff used their own distinct job titles and processes to track staff training. This [led] to inconsistencies in the [FCCM organizations and the Department's] ability to assess training" relevant to exit criteria 10 and 11. As of October 2023, "[t]he Department reviewed and analyzed the training processes for each FCCM agency. Based on their review, the Department consolidated job titles and developed an FCCM training protocol that was presented to each FCCM agency. The Department is tracking and monitoring the FCCM training reports to gauge the efficiency and effectiveness of the protocol."

Table EC10.2. Foster Care Case Management staff required to receive pre-service training during 2024-RP1, by job title

Job title of staff that focus on foster care	Foster care staff whose deadline for receiving pre-service training was during 2024-RP1	
	Count	Percentage
Alternative Care Case Manager	0	0%
Associate Social Services Specialist	0	0%
Children's Service Worker	82	87%
Children's Service Worker I	3	3%
Social Services Specialist	1	1%
Social Service Supervisor I (Alternative Care)	7	7%
Social Services Unit Supervisor	1	1%
Missing job title	0	0%
Count of FCCM staff	**94**	**100%**

Source: Customized data report provided by the Department covering the full eligible population of FCCM staff.

Note: Percentages do not sum to 100% due to rounding. The table was limited to staff with job titles that the Department identified as potentially carrying a case for a foster youth, staff with a hire date, and staff with missing job titles. "Children's Service Worker" includes staff whose job title was "Children's Service Worker" or "Childrens Service Worker". The table excludes 2 staff at foster care case management organizations with a job title of Social Services Manager or Program Specialist. An additional 264 foster care staff were excluded because they had training deadlines before 2024-RP1, and an additional 5 foster care staff were excluded because they had training deadlines after 2024-RP1.

FCCM = Foster Care Case Management

Table EC10.3 shows counts and percentages of staff by their training completion status, separately for Department staff (top panel) and FCCM staff (bottom panel). During 2024-RP1, 80 Department staff and 72 FCCM staff completed their pre-service trainings before 6 months had passed since their most recent hire dates. Of these staff, 73 Department staff and 61 FCCM staff completed the trainings after their most recent hire date. Seven Department staff and 11 FCCM staff had training dates prior to their most recent hire date because they completed the training during a previous employment spell. One Department staff and 5 FCCM staff completed their pre-service trainings after their training deadlines; and 3 Department staff and 17 FCCM staff had not completed one or both of their pre-service trainings as of the date the data reports were created by the Department.

Table EC10.3. Completion of pre-service trainings for Department and FCCM staff by the 6-month deadline during 2024-RP1

Foster care staff required to complete pre-service trainings	During 2024-RP1	
	Count	Percentage
Department staff		
Completed trainings within 6-month deadline		
Trainings completed after the most recent hire date	73	86%
Trainings completed before the most recent hire date	7	8%
Completed training(s) after 6-month deadline	1	1%
Did not complete their training(s)	3	4%
Missing specialty	1	1%
Count of Department staff	**85**	**100%**
FCCM staff		
Completed trainings within 6-month deadline		
Trainings completed after the most recent hire date	61	65%
Trainings completed before the most recent hire date	11	12%
Completed training(s) after 6-month deadline	5	5%
Did not complete their training(s)	17	18%
Missing job title	0	0%
Count of FCCM staff	**94**	**100%**

Source: Customized data report provided by the Department covering the full eligible population of Department staff and FCCM staff.

Note: The Department provided dates of first completion for two pre-service trainings: Informed Consent Training and Psychotropic Medication Management Training. "Did not complete their training(s)" means one or both trainings did not have a completion date in the data report from the Department.

FCCM = Foster Care Case Management

Estimation of performance. Performance on this exit criterion was 85%, calculated by dividing the number of staff classified as "Completed both trainings within 6 months" (n=80 for Department staff and n=72 for FCCM staff) by the total number of staff (n=85 for Department staff and 94 for FCCM staff).

11. What percentage of foster care staff successfully completed the annual in-service training on Psychotropic Medications?

Performance on Exit Criterion 11: 70% of foster care staff successfully completed the annual in-service training on Psychotropic Medications. This percentage is similar to the percentage calculated in 2023-RP2 (69%) but falls below the performance standard (85%).

Section III.A.2.b. of the Agreement states:

> *CD shall ensure that all Case Management Staff receive at least one hour of annual in-service training on Psychotropic Medications, including on any new, relevant developments, policies, and practices, for example, new known adverse effects or combinations of Psychotropic Medications.*

The performance standard for this exit criterion is 85% of Case Management staff. Plaintiffs and the Department agreed that performance on this exit criterion would be measured to align with the Department's requirement that staff complete annual in-service trainings on a calendar year basis without regard to staff's hire dates. The Department's performance for 2023-RP1 and 2023-RP2 were thus based on data covering the most recent full calendar year (2022) to assess whether all current staff completed their annual in-service training during the year. For 2024-RP1, we use updated data covering the 2023 calendar year.

We assessed performance on this exit criterion using two customized data reports from the Department (the same ones used for Exit Criterion 10) that include staff names, job titles and specialties, hire dates, and date of most recent annual in-service training. The data reports covered Department case management staff and staff at external Foster Care Case Management (FCCM) organizations that the Department considered to be foster care staff under this exit criterion because they could manage the case of a youth in care. As with exit criterion 10, and unlike the ACMR data, these data reports include the full eligible population and are not based on a randomly drawn sample of cases.

1. **Department staff.** The data report covering Department staff included training dates for 1,469 staff, whose training completions are recorded in a centralized database. We restricted the sample to 1,276 staff who were hired in 2023 or earlier. The Department flagged names of 11 Health Information Specialists (HIS) and 12 additional staff as ineligible for this exit criterion because they do not carry cases of foster youth. We removed these staff and applied the same restrictions on job titles and specialties discussed for Exit Criterion 10. Table EC11.1 shows the specialty of the remaining 605 staff who were required to receive annual in-service training in 2023.

Table EC11.1. Department staff required to receive annual in-service training during the calendar year (2023) before 2024-RP1, by specialty

Specialty of staff that focus on foster care	Count	Percentage
CD Contractor	4	<1%
Contractor Case Management	6	1%
Family Centered Out of Home Care	285	47%
Family Centered Services and Family Centered Out of Home Care	213	35%
Investigations and Family Centered Out of Home Care	31	5%
Investigations, Family Centered Services, and Family Out of Home Care	66	11%
Missing specialty	0	0%
Count of Department staff	**605**	**100%**

Source: Customized data report provided by the Department.

Note: The data were limited to staff with the job titles Social Services Specialist, Associate Social Services Specialist, Social Services Unit Supervisor, and Senior Social Services Unit Supervisor. The table excludes 23 Health Information Specialists and other staff who do not carry cases of foster youth, and 613 staff with the following job titles, whose specialties do not focus on foster care: Adoption Specialist; Adoption Subsidy; Case Aides; Family Centered Services; Family Development Specialist and Adoption Specialist; Family Development Specialist; Family Reunion Specialist; Investigations; Investigations and Family Centered Services; and Older Youth Transition Specialist.

2. **FCCM staff.** The report covering the same FCCM staff discussed for Exit Criterion 10 included 355 staff who were hired before 2024, employed at the end of 2023, and either had a designated job title for carrying a case of a youth in care or were missing a job title. These staff were potentially required to complete their annual in-service training in 2023. We show the job titles of these staff in Table EC11.2. Most of these staff (270, or 76%) were Children's Service Workers, and an additional 64 (18%) were Social Service Supervisors.

Table EC11.3 shows counts and percentages of staff by their 2023 annual in-service training completion status, separately for Department staff (top panel) and FCCM staff (bottom panel).

Table EC11.2. Foster Care Case Management staff required to receive annual in-service training during the calendar year (2023) before 2024-RP1, by job title

Job titles of staff that focus on foster care	Count	Percentage
Alternative Care Case Manager	6	2%
Associate Social Services Specialist	2	<1%
Children's Service Worker	270	76%
Children's Service Worker I	12	3%
Social Services Specialist	1	<1%
Social Service Supervisor I (Alternative Care)	64	18
Social Services Unit Supervisor	1	<1%
Missing job title	0	0%
Count of FCCM staff	**356**	**100%**

Source: Customized data report provided by the Department.

Note: Percentages do not sum to 100% due to rounding. The data were limited to staff with job titles that the Department identified as potentially carrying a case for a foster youth and staff with missing job titles. One FCCM staff was hired before 2024 and was excluded from this table because their job title was Senior Rehabilitation Specialist.

FCCM = Foster Care Case Management

Table EC11.3. Completion of annual in-service trainings for Department and FCCM staff during 2023

Foster care staff required to complete annual in-service training in 2022	Count	Percentage
Department staff		
Completed annual in-service training in 2023	506	84%
Completed annual in-service training late (in 2024)	35	6%
Did not complete their annual in-service training	64	11%
Unknown completion status due to data issues		
Training date was before the hire date	0	0%
Missing specialty	0	0%
Count of Department staff	**605**	**100%**
FCCM staff		
Completed annual in-service training in 2023	162	46%
Completed annual in-service training late (in 2024)	17	5%
Did not complete their annual in-service training	177	50%
Unknown completion status due to data issues		
Training date was before the hire date	0	0%
Missing job title	0	0%
Count of FCCM staff	**356**	**100%**

Source: Customized data report provided by the Department.

Note: Percentages do not sum to 100% due to rounding.

FCCM = Foster Care Case Management

Estimation of performance. Performance on this exit criterion was 70%, calculated by dividing the number of staff classified as "Completed annual in-service training in 2023" (n=506 for Department staff and n=162 for FCCM staff) by the total number of staff (n=605 for Department staff and n=356 for foster care case management staff).

12. What percentage of licensed Resource Providers successfully completed the pre-placement training on Psychotropic Medications?

Performance on Exit Criterion 12: **98%** of licensed resource providers successfully completed the pre-placement training on Psychotropic Medications. This percentage is slightly less than the percentage calculated in 2023-RP2 (>99%) but remains above the performance standard (85%). The Department has met this exit criterion for 2023-RP1, 2023-RP2, and 2024-RP1 reporting periods.

Section III.A.3.a of the Agreement states:

> *CD shall require as a condition of licensure that all Resource Providers licensed after the effective date of this Agreement receive two hours of pre-placement training on Psychotropic Medications, including, but not limited to, the definition and classes of Psychotropic Medications; FDA-approved versus off-label use of such medications; the possible risks, benefits, and interactions of such medications; alternative forms of treatment; and CD's policies with respect to informed consent, secondary review, and medical records.*

The performance standard for this exit criterion is 85% of eligible licensed resource providers. In determining how to estimate performance for this criterion, Plaintiffs and the Department discussed that this exit criterion applies to resource providers that the Department licenses: Foster/Adoptive Homes, Foster Homes, and Relative Foster Homes. Plaintiffs and the Department also discussed that Department policy promotes placement of youth in care with relatives over other resource providers, and relatives do not need to satisfy all requirements for licensure prior to placement. Plaintiffs and the Department agreed that the Agreement does not intend to delay placements for Relative Family Homes, and that unlicensed Relative Family Homes can be excluded from the estimates for this criterion. Thus, only Foster/Adoptive Homes, Foster Homes, and licensed Relative Family Homes are considered for this criterion. Plaintiffs and the Department also confirmed that calculations should focus on initial licenses rather than including licenses that are being renewed, and performance should be estimated for resource providers whose licenses are beginning during the reporting period.

To evaluate performance on this criterion, we used a customized data report from the Department providing information on resource providers with a license during the reporting period. The data file includes records for 7,362 resource providers, with information on resource providers' license status and type, license begin and end dates, date of the first placement with the resource provider, and completion dates for three trainings: Informed Consent training, Psychotropic Medication training for new resource providers, and Psychotropic Medication for licensed resource providers. The Department indicated that resource providers can meet the training requirements for the Agreement by completing the Informed Consent training with one of the two Psychotropic Medication trainings. Resource providers have multiple records in the data set when they have multiple license types or multiple completion dates for a training. The

Department also noted that their system cannot assess whether a resource provider's license during the reporting period is a new license, which is an eligibility requirement for this criterion. The Department provided us with information from their manual checks for each resource provider to assess whether they had a new license during the reporting period.

We assessed performance on this criterion by first limiting the data file to resource providers with Foster/Adoptive Home, Foster Home, and Relative Family Home licenses; and licenses active during 2024-RP1 (January 1, 2024, through June 30, 2024). This resulted in a count of 5,712 resource providers. Of these, the Department found that 1,143 resource providers had a new license and were eligible for this exit criterion. We compared the training completion dates to these resource providers' license dates. In Table EC12.1, we show the count and percentage of resource providers who completed Informed Consent training or Psychotropic Medication training before being licensed, separately for resource providers that had Foster/Adoptive or Foster Home licenses and resource providers that had Relative Family Home licenses.

Table EC12.1. Timing of completion of Informed Consent and Psychotropic Medication trainings among resource providers with licenses beginning during 2024-RP1 (January 1, 2024, through June 30, 2024)

Completion of trainings prior to license	Informed Consent training		Psychotropic Medication training		Informed Consent and Psychotropic Medication training[a]	
	Count	Percentage	Count	Percentage	Count	Percentage
Resource providers with Foster/Adoptive Home and Foster Home licenses						
Trained on or before licensing	265	99%	265	99%	265	99%
Trained after licensing	3	1%	3	1%	3	1%
Not trained	1	<1%	1	<1%	1	<1%
Total	**269**	**100%**	**269**	**100%**	**269**	**100%**
Resource providers with Relative Family Home licenses						
Trained on or before licensing	851	97%	854	98%	850	97%
Trained after licensing	20	2%	17	2%	21	2%
Not trained	3	<1%	3	<1%	3	<1%
Total	**874**	**100%**	**874**	**100%**	**874**	**100%**

Source: Customized data report provided by the Department covering licensed resource providers with new licenses during the reporting period.

Note: Percentages do not sum to 100% due to rounding. The data were limited to resource providers with Foster/Adoptive Home, Foster Home, and Relative Family Home licenses that began during 2024-RP1 (January – June 2024). This excludes the following types of resource providers: Adoptive Homes, Career Parent Homes, Child Placing Agencies, Elevated Needs Resource Providers, Foster Family Group Homes, Non-Relative Kinship Homes, Legal Guardianships, Medical/Mental Health Facilities, Residential Facilities, Relative Homes, Career Parent Respite Homes, Residential Services Care, Transitional Living, and Unclassified Vendors.

[a] Trained after licensing means that one or both types of trainings occurred after licensing. Trained on or before licensing means that both trainings occurred on or before licensing.

Estimation of performance. Performance on this exit criterion was 98%, which is the number of resource providers who completed both trainings prior to or on the same day as being licensed (n=265 and n=850 in Table EC12.1) divided by the total number of resource providers with a license (n=269 and n=874).

13. What percentage of licensed Resource Providers successfully completed the annual in-service training on Psychotropic Medications?

Performance on Exit Criterion 13: 71% of licensed resource providers successfully completed the annual in-service training on Psychotropic Medications. This percentage is less than the percentage calculated in 2023-RP2 (78%) and falls below the performance standard (80%).

Section III.A.3.c of the Agreement states:

> *CD shall require, as a condition of licensure, all licensed Resource Providers to complete at least one hour of annual in-service training on Psychotropic Medications, including on any new relevant developments, policies, and practices, pertaining to Psychotropic Medications, including but not limited to new, known adverse effects or combinations of Psychotropic Medications. CD shall offer all other, non-licensed Resource Providers the opportunity to attend and participate in the trainings offered in this section.*

The performance standard for this exit criterion is 80% of eligible licensed resource providers. In determining how to estimate performance for this criterion, Plaintiffs and the Department discussed that this exit criterion applies to the following types of resource providers that the Department licenses: Foster/Adoptive Homes, Foster Homes, and Relative Homes. Plaintiffs and the Department also agreed that performance on this exit criterion would be measured in alignment with the Department's requirement that annual in-service trainings occur on a calendar year basis, starting in the calendar year after licensing. Accordingly, for 2024-RP1, we examined the most recent full calendar year (2023) to assess whether resource providers licensed in 2022 or earlier completed their annual in-service training during the year.

To evaluate performance on this criterion in 2024-RP1, we used a customized data report from the Department that included resource providers with license end dates on or after January 1, 2023, that were all eligible to receive training during the 2023 calendar year. The data file includes 9,536 records for resource providers, with information on resource providers' license status and type, current license start and end dates (described further below), administrative hold begin and end dates (where applicable), and completion dates for annual in-service trainings in 2022 and 2023 (stored in separate variables).

In reviewing this data report for the Agreement, the Department determined that the file included all resource providers that were licensed through 2023, as well as other resource providers that were not licensed through 2023. However, the data report did not include historical information on previously issued licenses for all resource providers, and the Department confirmed this historical information could not be extracted systematically from existing data systems. That is, the fields in the data report indicating licensing information could only store information drawn from the current licenses of resource providers at the time the data report was pulled (March 2024). As a result, resource providers with licenses identified as initial licenses in the report may have had previous licenses that would not be shown in the data

report. In addition, the Department noted that many license end dates were not updated in the data report if licenses were closed before the original license end date.

To address these issues, the Department manually reviewed all records for the resource providers in the data report, checking license statuses, begin dates, and end dates to identify whether each resource provider had an open license during 2023 that would require them to complete training. They provided us with a data set of their findings, including records for every resource provider that could have been licensed in 2023 and a field indicating whether or not the resource provider had completed the training requirement or was exempted. We identified and removed one duplicate record from the file. The Department also included open-text notes for records indicating when dates in the data report were inaccurate or why resource providers were considered exempt. The Department's determinations of completing the required 2023 training are shown in Table EC13.1.

Table EC13.1. Completion of annual in-service training on psychotropic medications during 2023, among resource providers with licenses open through 2023

Completion of the 2023 annual in-service training	Count	Percentage
Yes	3,633	38%
No	1,509	16%
Exempt	4,393	46%
Count of resource providers	**9,535**	**100%**

Source: Customized data report provided by the Department.

Note: The sample was limited to resource providers with eligible license types: Foster/Adoptive Homes, Foster Homes, and Relative Homes). The Department identified resource providers as exempt from the 2023 annual in-service training if they did not have a license open through 2023.

Following discussions with the Department for the previous reporting period (2023-RP2), we agreed with the Department that their revised data file is more accurate than the original data report provided. However, because accurate historical licensing information could not be systematically extracted, we were unable to validate resource provider eligibility or training completion status for all resource providers in Table EC13.1.[11]

Estimation of performance. Performance on this exit criterion was 71%, calculated by dividing the number of eligible resource providers with a status of "Yes" in Table EC13.1 (n=3,633) by the total number of eligible resource providers in Table EC13.1 (n=5,142).

The Department indicated they will pull their data on resource providers' licenses closer to the end of the calendar year so that the licensing data will more accurately reflect license statuses during the year when annual training should have been completed. This change will limit the amount of manual corrections needed by the Department. We note that accurate historical

[11] For 2023-RP2, the Department walked us through the process used to determine completion status indicated in Table EC13.1. Examining a random sample of 20 resource providers, we replicated their determination of completion status for 16 resource providers. We did not conduct additional observations for 2024-RP1.

licensing information on resource providers would prevent the need for any manual corrections and allow validation of this exit criterion based solely on an original data extract.

14. Was a secondary review requested by the Statewide Clinical Consultant ("SCC") when required using the automatic review criteria set forth in Section III.D.4.a, and 12 months from the entry of the Agreement, using the criteria set forth in Section III.D.4.b?

Performance on Exit Criterion 14: 100% of secondary reviews were requested by the Statewide Clinical Consultant when required using the automatic review criteria set forth in Section III.D.4.b of the Agreement. This percentage is the same as the percentage calculated in 2023-RP2 (100%) and remains above the performance standard (85%). Thus, the Department met this exit criterion for the three most recent reporting periods.

The Department selected the Center for Excellence to be the Statewide Clinical Consultant to conduct reviews as required under the Agreement. Section III.D.4.b of the Agreement describes criteria used during this reporting period to select cases for review by the Center for Excellence:

> *Within twelve months from the date that this Agreement is approved by the Court, these criteria shall include the following:*
>
> *i. Use of any Psychotropic Medication for a Child age three or younger;*
>
> *ii. For a Child age four or older:*
>
> *a) Use of three or more Psychotropic Medications for 90 days or more;*
>
> *b) Use of two or more concurrent antipsychotic medications for 90 days or more;*
>
> *c) Multiple prescribers of any Psychotropic Medication for 90 days or more; or*
>
> *iii. A Child is prescribed a dose in excess of the guidelines described in Section III.G of this Agreement.*

The performance standard for this exit criterion is 85% of cases reviewed.[12]

The Department described to Plaintiffs and the Data Validator the process by which eligible reviews are identified and requested. The Department contracts with Relias, an external healthcare technology company, to systematically apply the automatic review criteria. Relias receives monthly administrative data from the Department on youth in care as well as medical billing claims data (including pharmacy billing claims) from MO Healthnet. Relias then flags eligible cases based on youth's age, weight (which is used to determine excessive dosage for some medications), and whether pharmacy billing claims include Psychotropic Medications or antipsychotic medications. Relias identifies these medications using an internal list of drugs that may be used as psychotropic or antipsychotic medications (including in off-label fashion). For example, the Center for Excellence notes that Relias' list includes seizure medication that can be used off-label as a psychotropic medication.

[12] Section III.D.4.a describes a more selective set of initial criteria that would flag fewer cases than the criteria in Section III.D.4.b. We do not discuss the automatic review criteria from Section III.D.4.a because we are past 12 months since entry into the Agreement. The criteria in Section III.D.4.a include: (a) use of an antipsychotic or atypical antipsychotic medication in a Child age four or younger; for children age five or older, (b) use of at least five concurrent Psychotropic Medications or (c) at least two concurrent antipsychotic medications for 90 days or more; or (d) multiple prescribers of any Psychotropic Medication for 90 days or more.

Once Relias has completed its analysis, it provides the Department with a data set of cases that meet the automatic review criteria, as well as cases where either there is no weight recorded or the most recent weight was recorded more than 6 months ago. Cases without a current weight are flagged for follow-up for medications where excessive dosage guidelines reference current weight. Relias' data set is provided to the Department on a quarterly basis. The Department and the Center for Excellence meet with Relias monthly to discuss the cases it has flagged and to implement any new excessive dosage guidelines approved by the Psychotropic Medication Advisory Committee (PMAC). After confirming the accuracy of reports, the Center for Excellence manually cleans Relias' data set to remove any incorrectly flagged (and therefore ineligible) cases. Cases may be removed because they were not prescribed the flagged medications for psychotropic purposes or because the child is no longer a class member under the Agreement. On a weekly basis, the Department sends updates to the Center for Excellence about children who have exited care and children who have new recorded weights in FACES. For the remaining eligible cases meeting at least one automatic review criterion, the Center for Excellence begins initiating reviews with the Department. Children may have exited the class because they have turned 18, are not in care, or are no longer on medication.

To learn about this ongoing and iterative process, the Data Validator has joined regular monthly meetings with Relias, the Department, and the Center for Excellence since May 2024. Following a system update at Relias, the Department and the Center for Excellence flagged some inconsistencies between reports and other available data. We observed that the Department and the Center for Excellence received and reviewed the reports from Relias after their system update. Relias revisited their programs and shared updated programming specifications with the Department and the Center for Excellence.

Estimation of performance. The Department and Plaintiffs agreed that the process used to apply the automatic review criteria in Section III.D.4.b of the Agreement is systematic and accurate. Manual checks and documented programming specifications are important tools for overseeing Relias' programming. The process supports the Center for Excellence in requesting all required reviews using the automatic review criteria.

15. For all secondary reviews requested from the SCC, was the standardized request form or template filled out and, if applicable, all reasonably available additional information requested by the Qualified Psychiatrist provided?

Performance on Exit Criterion 15: For **90%** of secondary reviews requested from the SCC, the standardized request form or template was filled out and, if applicable, reasonably available additional information requested by the Qualified Psychiatrist was provided. This percentage is similar to the percentage calculated in 2023-RP2 (90%) and remains above the performance standard (80%). The Department has met this exit criterion for the 2023-RP2 and 2024-RP1 reporting periods though the margin of error was above 5% in both periods.

In this exit criterion, the Center for Excellence is the Statewide Clinical Consultant (SCC) and employs staff who function as the Qualified Psychiatrist. In determining how this exit criterion would be implemented, Plaintiffs and the Department discussed that "secondary review" references two types of reviews:

- Reviews upon request, which are initiated by the Department when a parent or youth disagrees with the recommended medication, if the case manager raises any concerns, or if the Family Support Team requests a review (Section III.D.3 of the Agreement).[13]
- Automatic reviews, which are initiated by the Center for Excellence based on the criteria described in Section III.D.4.b of the Agreement.

The Agreement describes the standardized form and provision of additional information:

> *The request or referral to the Statewide Clinical Consultant for a secondary review shall be made in writing or electronically using a standardized form or template, containing fields for the basic information necessary to conduct the review. (Section III.D.5)*
>
> *For secondary reviews conducted under this Agreement, CD shall provide to the Statewide Clinical Consultant access to the information that the Qualified Psychiatrist determines necessary in order to conduct the secondary review, to the extent that the information is reasonably available to CD. This may include the Child's medical history, including clinically relevant records and information, consistent with Sections III.C.1.b-c. (Section III.D.6)*

The performance standard for this exit criterion is 80% of cases reviewed. We assessed performance on this exit criterion using responses to multiple questions in the ACMR about reviews upon request and automatic reviews.

- **Reviews upon request.** For reviews upon request, we used Question 25 ("Did CD staff request a secondary review from the Center for Excellence by completing the standardized request form?") and Question 27 ("Did CD staff provide all additional information requested by the

[13] The Department and Center for Excellence refer to these types of reviews as "secondary reviews" in their day-to-day operations. To avoid confusion, we refer to these as "reviews upon request" throughout.

Center for secondary review?"). HIS classified each case into the categories shown in Table EC15.1 based on Question 25 and in Table EC15.2 based on Question 27. Per Table EC15.1, three cases in the ACMR sample had reviews upon request conducted as expected, while for six additional cases, the Department was required to initiate a review but did not. Most cases in the ACMR sample (188 of 197) did not require a review upon request and were ineligible for this exit criterion. For the three cases in the ACMR sample with reviews upon request, CD provided additional information requested by the Qualified Psychiatrist (Table EC15.2).

Table EC15.1. Number and percentage of cases in which the standardized request form or template was filled out for reviews upon request

Review status	Count	Percentage
Yes	3	2%
No, review was required but was not requested	6	3%
Not applicable, review upon request not required [b]	188	95%
Sample size[b]	**197**	**100%**

Source: ACMR data, Question 25 ("Did CD staff request a secondary review from the Center for Excellence by completing the standardized request form?").

Note: See Table EC15.2 for details on the "Yes" category.

[b] This table accounts for additional sample cases provided by the Department.

Table EC15.2. Number and percentage of reviews upon request in which reasonably available additional information requested by the Qualified Psychiatrist was provided

Classification status	Count	Percentage
Yes	3	100%
No	0	0%
Not applicable, no additional information was requested	0	0%
Not applicable, review is currently in process	0	0%
Sample size	**3**	**100%**

Source: ACMR data, Question 27 ("Did CD staff provide all additional information requested by the Center for secondary review ?"), asked for cases where HIS responded "Yes" to Question 25 ("Did CD staff request a secondary review from the Center for Excellence by completing the standardized request form?").

- **Automatic reviews.** For automatic reviews, we used responses to ACMR Question 33 ("Was this youth pulled by the Center for Excellence for an automatic review?"), Question 34 ("Did CD staff fill out the standardized form for review request for all automatic reviews requested by the Center?"), and Question 35 ("Did CD staff provide the reasonably available additional information requested by the Center for automatic reviews?"). HIS classified each case into the categories shown in Table EC15.3 based on Questions 33 and 34, and in Table EC15.4 based on Question 35. Per Table EC15.3, the ACMR sample included 60 cases where the Center for Excellence initiated an automatic review by filling out the standardized request form or template ("Yes" on Question 33), and for 59 of them, the Department completed the standardized request form to continue the review ("Yes" on Question 34). Most cases in the ACMR sample (137 of 197) were not identified for an automatic review. Per Table EC15.4, of the 59 cases with continued automatic reviews, the Department provided the additional

information requested by the Center for Excellence for 24 of them (41%). For 35 cases (59%), no additional information was requested by the Center for Excellence.

Table EC15.3. Number and percentage of cases in which the standardized request form or template was filled out for automatic reviews initiated by the Center for Excellence

Review status	Count	Percentage
Yes	59	30%
No	1	1%
Missing standardized request form for an automatic review	0	0%
Not applicable, automatic review not required	137	70%
Sample size[b]	**197**	**100%**

Source: ACMR data, Question 33 ("Was this youth pulled by the Center for Excellence for an automatic review?") and Question 34 ("Did CD staff fill out the standardized form for review request for all automatic reviews requested by the Center?").

Note: Percentages do not sum to 100% due to rounding. See Table EC15.4 for details on the "Yes" category.

[b] This table accounts for additional sample cases provided by the Department.

Table EC15.4. Number and percentage of automatic reviews in which reasonably available additional information requested by the Qualified Psychiatrist was provided

Classification status	Count	Percentage
Yes	24	41%
No	0	0%
Not applicable, no additional information was requested	35	59%
Sample size	**59**	**100%**

Source: ACMR data, Question 35 ("Did CD staff provide the reasonably available additional information requested by the Center for automatic reviews?").

Note: This table is limited to cases where HIS responded "Yes" to ACMR Question 34.

Estimation of performance. Performance on this exit criterion was 90%, calculated by dividing the sum of cases with a status of "Yes" or "Not applicable" in Tables EC15.2 and EC15.4 (n=62, which reflects the count of initiated reviews for which a request form was filled out and reasonably available additional information was provided, if requested by the Center for Excellence) by the sum of cases with a status of "Yes," "No," or "Missing" in Tables EC15.1 and EC15.3 (n=69, which reflects the total count of secondary reviews that were required and should have been initiated). The margin of error is larger than the 5% threshold described in the Agreement (See Table 1) because the number of eligible cases for this exit criterion in the initial sample was less than the number of sampled cases and, relative to 2023-RP2, performance was closer to 50%.

16. For all secondary reviews requested from the SCC, was the review timely completed?

Performance on Exit Criterion 16: 88% of secondary reviews requested from the SCC were completed and timely. This percentage is slightly less than the percentage calculated in Reporting Period 1 (90%) but remains above the performance standard (80%). Thus, the Department met this exit criterion for the three most recent reporting periods.

In this exit criterion, the Center for Excellence is the Statewide Clinical Consultant (SCC) and employs staff who function as the Qualified Psychiatrist. In determining how this exit criterion would be implemented, Plaintiffs and the Department discussed that "secondary review" references two types of reviews:

- Reviews upon request, which are initiated by the Department when a parent or youth disagrees with the recommended medication, if the case manager raises any concerns, or if the Family Support Team requests a review (Section III.D.3 of the Agreement).[14]
- Automatic reviews, which are initiated by the Center for Excellence based on the criteria described in Section III.D.4 of the Agreement.

In the Joint Stipulation For Approval Of Modification To Class Action Settlement, Section III.D.9.a of the Agreement was modified to describe the definition of timeliness for reviews upon request:

> *For secondary reviews requested pursuant to Section III.D.3 of this Agreement, the reviews shall be completed within five business days for outpatient and three business days for inpatient from the day the Statewide Clinical Consultant receives the written or electronic request or referral or, if requested by the Qualified Psychiatrist, any other necessary information. The recommendations transmitted from the review shall be transmitted to the required parties within three business days of the completion of the review.*

Section III.9.b was also modified to describe timeliness for automatic reviews:

> *For automatic secondary reviews triggered by the criteria set forth in Sections III.D.4.a-b of this Agreement, the Case Manager (or other CD staff) shall have ten business days from the date of receiving notice that a Child's case has been flagged for automatic secondary review to collect the materials that the Qualified Psychiatrist requests to complete the review. The Statewide Clinical Consultant shall then have five business days to complete the review.*

[14] The Department and Center for Excellence refer to these types of reviews as "secondary reviews" in their day-to-day operations. To avoid confusion, we refer to these as reviews upon request throughout.

Based on discussions with Plaintiffs and the Department, we assessed timeliness of review completion based on the period starting from the day a review was initiated. For reviews upon request, the Agreement distinguishes between the time for the Center for Excellence to complete the review and the time for the Department to transmit the recommendations to required parties (such as the guardians and the resource provider). Both steps must be completed within the time requirements set forth in the Agreement for the review upon request criteria to be satisfied. For automatic reviews, the Agreement distinguishes between time for the Department to provide review materials to the Center for Excellence and the time for the Center for Excellence to complete the review thereafter. Both steps must be completed within the time requirements set forth in the Agreement for the automatic review criteria to be satisfied. We excluded from our assessment any automatic reviews that were initiated but were found by the Center for Excellence to be ineligible once they began the review.[15]

The performance standard for this exit criterion is 80% of cases. We assessed performance on this exit criterion by combining information on timeliness from the Center for Excellence and the ACMR.

- **Reviews upon request.** For reviews upon request, the review completion time is calculated using data that the Center for Excellence stores on REDCap for all reviews upon request conducted—including for youth not in the ACMR sample.[16] In this reporting period, a total of 38 reviews upon request were initiated. Table EC16.1 shows the percentage of reviews upon request that were completed within five business days for outpatient cases and three business days for inpatient cases. We identified inpatient cases based on whether the placement type indicated hospitalization. Per the table, the Center for Excellence completed all reviews upon request timely for outpatient and inpatient cases.

  To determine if recommendations were then transmitted in a timely fashion, we planned to use responses to Question 30 of the ACMR ("Was the recommendation from the Center for Excellence provided to the required parties within three business days?"). However, these data were only collected for the subset of youth who were in the ACMR sample, and in this reporting period, 3 children with reviews upon request were in the ACMR sample (Table EC16.2). Of these 3 reviews upon request, HIS indicated that one review met both required timeliness criteria.

[15] Ineligibility reasons included that Psychotropic Medications were used to treat neurologic issues, the youth was no longer in care or had turned 18 years old, the review was initially flagged for a missing weight but the weight had been updated since, and the review was initially flagged because the youth had prescriptions from multiple prescribers but it was discovered that the prescribers work at the same practice.

[16] In internal calculations of timelines for reviews, the Center for Excellence assesses completion based on calendar days rather than business days.

Table EC16.1. Number and percentage of initiated reviews upon request that the Center for Excellence completed in a timely manner

Was the review upon request completed in a timely manner?	Outpatient cases		Inpatient cases	
	Count	Percentage	Count	Percentage
Yes	32	100%	6	100%
No, the review upon request was completed but not in a timely manner	0	0%	0	0%
No, the review upon request was initiated but not completed	0	0%	0	0%
Sample size	**32**	**100%**	**6**	**100%**

Source: Data in REDCap from the Center for Excellence.

Note: The table summarizes information for all reviews upon request conducted, including for youth *not* in the ACMR sample. Timeliness is defined as satisfying requirements within five business days for outpatient cases and three business days for inpatient cases, starting from the day the review request was submitted to the Center for Excellence. We identified inpatient cases as those where the placement type was "Hospitalized."

Table EC16.2. Number and percentage of completed reviews upon request in which the Department provided review recommendations to the required parties in a timely manner

Were recommendations from the review upon request provided to required parties in a timely manner?	Count	Percentage
Yes	1	33%
No	2	67%
Sample size used for performance criterion	**3**	**100%**
Unknown timeliness because the case was not part of the ACMR sample	35	
Total initiated reviews upon request	**38**	

Source: ACMR data, Question 30 ("Was the recommendation from the Center for Excellence provided to the required parties within three business days?") and Center for Excellence REDCap data on total count of completed reviews upon request.

Note: Timeliness is defined as satisfying requirements within three days of the day the Center for Excellence completes the review.

- **Automatic reviews.** For automatic reviews, we assessed timeliness using data that the Center for Excellence stores in REDCap for all automatic reviews identified—including for youth not in the ACMR sample.[17] Table EC16.3 shows how many of the eligible automatic reviews initiated met the 10-day deadline for the Department to submit information to the Center for Excellence. We show these automatic reviews separately for each quarter in 2024-RP1 because the Center for Excellence identifies and conducts automatic reviews on a quarterly basis. A case can have at most one automatic review within a quarter and up to two within a reporting period. Per Table EC16.3, there were 734 automatic reviews initiated and considered eligible in the first quarter of 2024, and 631 in the second quarter. The Department provided timely information to the Center for Excellence for 87% of eligible automatic reviews in the first quarter of 2024 (n=637) and 90% in the second quarter (n=568). For another 7% (n=50) of reviews in the first quarter of 2024 and 7% (n=44) in the second quarter, the review could not

[17] The ACMR intentionally does not gather the date when the Department provided information to the Center for Excellence for an automatic review, nor the date when the Center for Excellence completed a review, because this information is available in aggregate data from the Center for Excellence.

be completed because the information provided by the Department was incomplete. Table EC16.4 shows how many automatic reviews were subsequently completed within 5 days of the information being provided. Upon reviewing the dates when reviews were completed, we identified one record where a review completion date was not provided but a completion date was indicated in a free-text comment about review status. We recoded the review completion date for this record and report the revised data in Table EC16.4. The Center for Excellence provided timely recommendations to the Department for 93% (n=683) of the eligible automatic reviews in the first quarter of 2024 and 93% (n=587) of those in the second quarter.

Table EC16.3. Number and percentage of eligible automatic reviews for which the Department provided review materials to the Center for Excellence in a timely manner

Did the Department provide information on automatic reviews to the Center for Excellence in a timely manner?	Reviewed January 1, 2024 – March 31, 2024		Reviewed April 1, 2024 – June 30, 2024	
	Count	Percentage	Count	Percentage
Yes	637	87%	568	90%
No	47	6%	19	3%
Incomplete review due to incomplete information	50	7%	44	7%
Sample size	**734**	**100%**	**631**	**100%**

Source: Data in REDCap from the Center for Excellence.

Note: Timeliness is defined as satisfying requirements within ten business days of the day automatic review is initiated. The table excludes automatic reviews that were found to be ineligible. Percentages do not sum to 100% due to rounding.

Table EC16.4. Number and percentage of eligible automatic reviews completed by the Center for Excellence in a timely manner

Did the Center for Excellence complete automatic reviews in a timely manner?	Reviewed January 1, 2024 – March 31, 2024		Reviewed April 1, 2024 – June 30, 2024	
	Count	Percentage	Count	Percentage
Yes	683	93%	587	93%
No	0	0%	0	0%
Unknown date for review completion	1	<1%	0	0%
Incomplete review due to incomplete information	50	7%	44	7%
Sample size	**734**	**100%**	**631**	**100%**

Source: Data in REDCap from the Center for Excellence.

Note: Percentages do not sum to 100% due to rounding. Timeliness is defined as satisfying requirements within five business days of the day the Department provided information to the Center for Excellence. The table excludes automatic reviews that were found to be ineligible. "Unknown date for review completion" excludes one review that had a missing value in the date for review completion but had information in a separate comment field.

To estimate how many eligible automatic reviews met both required timeliness criteria, we analyzed the underlying data to identify how many of the reviews categorized as "Yes" in Table EC16.3 were also categorized as "Yes" in Table EC16.4. Per Table EC16.5, 87% of automatic reviews in the first quarter of 2024 and 90% in the second quarter were timely, yielding a total of 1,204 of 1,365 automatic reviews that were timely.

Table EC16.5. Number and percentage of eligible automatic reviews completed in a timely manner after having information provided in a timely manner

Were automatic reviews completed in a timely manner after having information provided in a timely manner?	Reviewed January 1, 2024 – March 31, 2024		Reviewed April 1, 2024 – June 30, 2024	
	Count	Percentage	Count	Percentage
Yes	636	87%	568	90%
No, because:				
Department provided timely information; Center for Excellence did not complete a timely review	0	0%	0	0%
Department did not provide timely information; Center for Excellence completed a timely review	47	6%	19	3%
Department did not provide timely information; Center for Excellence did not complete a timely review	0	0%	0	0%
Unknown date for review completion	1	<1%	0	0%
Incomplete review due to incomplete information	50	7%	44	7%
Sample size	**734**	**100%**	**631**	**100%**

Source: Data in REDCap from the Center for Excellence.

Note: Percentages do not sum to 100% due to rounding. Timeliness for the Department providing information is defined as within ten business days from when the automatic review was initiated. "Department did not provide timely information" includes reviews where the Department provided information to the Center for Excellence after ten business days. Timeliness for the Center for Excellence sending recommendations is defined as within five business days from review materials were provided. The table excludes automatic reviews that were found to be ineligible.

Estimation of performance. Performance on this exit criterion was 88%, which we estimated by dividing the count of timely automatic reviews (n=1,204) by the count of eligible automatic reviews (n=1,365), since we did not have information on the count of timely reviews upon request. Because there were relatively few reviews upon request (n=38) compared to automatic reviews (n=1,365) in 2024-RP1, these reviews are unlikely to affect the estimated performance. If all the reviews upon request were timely, the estimated performance on this criterion would increase slightly from 88% to 89%. If none of the reviews upon request were timely, the estimated performance on this criterion would decrease slightly to 87%.

We note that performance on this exit criterion has remained stable from 2023-RP1 to 2024-RP1 even as the total number of automatic reviews increased by more than 400 cases (from 973 in 2023-RP1 to 1,432 in 2023-RP2 and 1,365 in 2024-RP1). Relative to 2023-RP2, there was a small decrease in the percentage of reviews that were incomplete due to incomplete information and a small increase in the percentage of reviews where the Department did not provide timely information and the review was completed.

17. Was the completed secondary review request/recommendation form placed in the Child's Case File?

Performance on Exit Criterion 17: For **100%** of cases, the completed secondary review request/recommendation form was placed in the Child's Case File. This percentage is the same as the percentage calculated in 2023-RP1 and 2023-RP2 and remains above the performance standard (85%). Thus, the Department met this exit criterion for the three most recent reporting periods.

In determining how this exit criterion would be implemented, Plaintiffs and the Department discussed that "secondary review" references two types of reviews:

- Reviews upon request, which are initiated by the Department when a parent or youth disagrees with the recommended medication, if the case manager raises any concerns, or if the Family Support Team requests a review (Section III.D.3 of the Agreement).[18]
- Automatic reviews, which are initiated by the Center for Excellence based on criteria described in Section III.D.4.b of the Agreement.

Section III.D.10 of the Agreement states:

> *Documentation of the request for secondary review and the recommendation shall be included in the Child's Case File using the standardized form or process.*

The performance standard for this exit criterion is 85% of cases. We assessed performance on this exit criterion using responses to Question 29 in the ACMR ("Was the completed request/recommendation form from the [Center for Excellence] placed in the child's case file?"), which pertains to reviews upon request, and Question 37 in the ACMR ("Was the completed automatic review request/recommendation form placed in the child's case file (uploaded and paper copy)?"), which pertains to automatic reviews. These questions were only asked of the children in the ACMR sample who had a completed review upon request or a completed automatic review. Three children in the ACMR sample had a completed review upon request (Table EC16.2), and 46 children in the ACMR sample had a completed automatic review (Table EC17.1). HIS classified each case with a completed review into the categories shown in Table EC17.1. All completed request/recommendations were placed in the child's case file.

[18] The Department and Center for Excellence refer to these types of reviews as "secondary reviews" in their day-to-day operations. To avoid confusion, we refer to these as reviews upon request throughout.

Table EC17.1. Number and percentage of secondary reviews in which the completed secondary review request/recommendation was placed in the child's case file, by review type

Classification status	Completed reviews upon request		Completed automatic reviews	
	Count	Percentage	Count	Percentage
Yes, request/recommendation was placed in child's case file	3	100%	46	100%
No, request/recommendation was not placed in child's case file	0	0%	0	0%
Sample size	**3**	**100%**	**46**	**100%**

Source: ACMR data, Question 29 ("Was the completed request/recommendation form from the [Center for Excellence] placed in the child's case file?") and Question 37 ("Was the completed automatic review request/recommendation form placed in the child's case file (uploaded and paper copy)?").

Estimation of performance. Performance on this exit criterion was 100%, calculated by dividing the number of cases with the status of "Yes, the request/recommendation was placed in the child's case file" in Table EC17.1 (n=49) by the total number of completed secondary reviews for children in the ACMR sample (n=49).

The Agreement also required the Department to share the following data[19]:

- How many reviews were required for each of the automatic review criteria set forth in Sections III.D.4.a?
- Did the Case Manager follow up with the prescriber as per the recommendation of the secondary review? If yes, what were the outcomes? If no, why was contact not made?

Table EC17.2 shows the number of automatic reviews that were initiated during 2024-RP1 for each automatic review criterion. Cases can meet multiple automatic review criteria. We show these automatic reviews separately for each quarter in 2024-RP1 because the Center for Excellence identifies and conducts automatic reviews on a quarterly basis. A case can have at most one automatic review per quarter and up to two within a reporting period. The sample size counts in Table EC17.2 are based on data stored by the Center for Excellence in REDCap for all automatic reviews and is not limited to the ACMR sample.

[19] The "Joint Stipulation for Approval of Modification to Class Action Settlement," submitted January 18, 2024, removed the following data sharing element from the Agreement that was previously associated with this exit criterion: "When a review was initiated, did the Case Manager open the email from the [Statewide Clinical Consultant] within three business days?" Plaintiffs and the Department agreed this data sharing element was no longer relevant because the Center for Excellence now notifies the HIS to initiate a review rather than contacting an individual case manager.

Table EC17.2. Number and percentage of reviews required for each of the automatic review criteria in Agreement Section III.D.4a

Cases meeting automatic review criteria	Reviewed January 1, 2024 – March 31, 2024		Reviewed April 1, 2024 – June 30, 2023	
	Count	Percentage	Count	Percentage
Use of any Psychotropic Medication for a Child age three or younger	2	<1%	5	1%
For a Child age four or older:				
Use of three or more Psychotropic Medications for 90 days or more	629	86%	522	83%
Use of two or more concurrent antipsychotic medications for 90 days or more	24	3%	19	3%
Multiple prescribers of any Psychotropic Medication for 90 days or more	7	1%	12	2%
A Child is prescribed a dose in excess of the guidelines described in Section III.G of the Agreement	264	36%	255	40%
Sample size	**734**		**631**	

Source: REDCap data provided by the Center for Excellence.

Note: Percentages do not sum to 100% because cases can meet multiple automatic review criteria. The Center for Excellence and the Department work together to identify and follow up separately on cases without a recently recorded weight.

Per Table 17.2, most automatic reviews were for children ages four or older who used three or more Psychotropic Medications for 90 days or more (n=629 or 86% of automatic reviews during the first quarter of 2024; n=522 or 83% of automatic reviews during the second quarter). A sizeable share of the automatic reviews (n=264 or 36% during the first quarter; n=255 or 40% during the second quarter) were flagged because the prescribed dose exceeded specified guidelines.[20] Three percent or less of automatic reviews in each quarter met any of the other criteria in Table EC17.2.

Table EC17.3 shows the count and percentage of cases in which the Case Manager followed up with the prescriber as recommended. We used responses to Question 31 in the ACMR ("Did the case manager follow up with the prescribing provider per the recommendation of the secondary review?"), which pertains to reviews upon request; Question 38 in the ACMR ("Did the case manager follow up with the prescribing provider per the recommendation of the automatic review?"), which pertains to automatic reviews; additional free-text, un-numbered questions where HIS could note follow-up outcomes if the response to Question 31 or Question 38 was "Yes"; and additional free-text, un-numbered questions where HIS could indicate a reason why if the response to Question 31 or Question 38 was "No." HIS classified each case with a completed review into three categories: (1) "Yes" with one or more outcomes, (2) "No" with a reason why

[20] Relias flags cases as potentially exceeding recommended dosage if the dosage guideline for the youth's medication(s) depends on weight but no recent weight is recorded. The Center for Excellence and the Department work together to follow up on these cases and update the youth's recorded weight before initiating an automatic review (if still needed).

there was no follow-up, and (3) "Not applicable" because follow-up was not required.[21] Upon reviewing the free-text information when the response to Question 38 was "No," we identified one case where the free text indicated there were two reviews completed during the reporting period, and the Case Manager followed up with the prescriber on one review but not the other. We coded this case as two reviews and report the revised data in Table EC17.3. We grouped other reasons why there was no follow-up into 6 categories, as shown in Table EC17.3.

Table EC17.3. Count and percentage of cases in which the Case Manager followed up with the prescriber as per the recommendation of the completed review

	Completed reviews upon request		Completed automatic reviews	
Followed up with the prescriber	**Count**	**Percentage**	**Count**	**Percentage**
Yes, and the outcome(s) was:				
No change	1	33%	1	2%
Reduction in number of medications	0	0%	0	0%
Change in medication dose	0	0%	1	2%
Change in medication frequency	0	0%	0	0%
Labs were completed	0	0%	3	7%
Other	0	0%	0	0%
Missing	0	0%	1	2%
No, and the reason was:				
Staff transition	0	0%	3	<1%
Overlooked email	0	0%	2	8%
Followed up after reporting period, waiting for next prescriber appointment, attempted contact with prescriber, or current medication is working	0	0%	2	8%
Conflicting documentation	0	0%	0	0%
Missing or unknown	0	0%	16	26%
Not applicable, follow-up not required	2	66%	18	39%
Sample size	**3**	**100%**	**46**	**100%**

Source: ACMR data for Question 31 in the ACMR ("Did the case manager follow up with the prescribing provider per the recommendation of the secondary review?") about reviews upon request, Question 38 in the ACMR ("Did the case manager follow up with the prescribing provider per the recommendation of the automatic review?"), and additional questions where HIS could identify follow-up outcomes if the response to Question 31 or 38 was "Yes" and indicate a reason why if the response to Question 31 or 38 was "No." One case is represented twice in this table because two reviews were completed during the reporting period.

Note: Percentages do not sum to 100% due to rounding.

HIS most commonly found that Case Managers didn't follow up with the prescriber, either because follow-up was not required or because of an unknown reason.

[21] The ACMR does not gather information on why follow-up would not be required. The Department did not provide examples in their training guide to HIS for situations when follow-up would not be required.

18. When informed consent was required for the administration of Psychotropic Medication, was informed consent obtained consistent with the terms set forth in Section III.E.1?

Performance on Exit Criterion 18: For <**1%** of cases when informed consent was required for the administration of Psychotropic Medication, informed consent was obtained consistent with the terms set forth in Section III.E.1. This percentage is the same as the percentage calculated in 2023-RP2 (<1%) and falls below the benchmark performance percentage (75%).

Section III.E.1 of the Agreement sets forth terms for obtaining informed consent when informed consent was required for the administration of Psychotropic Medication, including terms for review (Section III.E.1.d), expiration of informed consent (Section III.E.1.e), consenting authority and process (Section III.E.1.f.ii and Section III.E.1.f.iii), alternative consenters (Section III.E.1.h), and emergencies (Section III.E.1.l and Section III.E.1.l.i). This section describes how we used responses to eight questions in the ACMR to examine performance on each of these relevant terms in Section III.E.1 of the Agreement, and how we combined the responses to assess overall performance on this exit criterion.[22] The performance standard for this exit criterion is 75% of cases reviewed.

A. Terms set forth for review in Section III.E.1.d of the Agreement

Section III.E.1.d of the Agreement describes:

> *Informed consent shall be reviewed by the Child's Case Manager every three months. This review shall include, among other things, what, if any, adverse effects the Child has experienced and whether the symptoms for which the drug was prescribed have been addressed. This review shall be documented in the Child's Case File.*

We assessed whether informed consent was obtained consistent with Section III.E.1.d of the Agreement using responses to Question 14 in the ACMR ("Was informed consent reviewed by the Case Manager every 3 months and documented in the <child's> record?"). To complete Question 14, HIS classified each case into one of four status categories. We confirmed this variable takes on the response values of "Yes," "No," "Partial," or "Not applicable." We then separated responses of "Not applicable" further into two categories, "Not applicable, with justification" and "Not applicable, without justification," as shown in Table EC18.1. The most prevalent classification in the sample was "No" (121 cases). The next most prevalent classification in the sample was "Partial" (14 cases), which HIS were trained to use in situations where there is a documented supervisor consult every 3 months since the last informed consent decision, but not all elements were addressed. Of the 14 cases classified as "Partial," the sampled cases did not address whether: the symptoms for which the drug was prescribed have been addressed (2

[22] For 2024-RP1, the Department streamlined the ACMR so HIS are able to indicate if obtaining informed consent is inapplicable in Question 7 and, if so, they can skip subsequent questions about informed consent (Questions 9, 10, 11, 12, 14, 15, 16, and 17).

cases); the child experienced adverse effects (8 case); or both (4 cases). HIS classified 14 cases as "Yes," and we classified 8 sampled cases as "Not applicable, with justification" because HIS indicated that informed consent was not required for the administration of Psychotropic Medication, or the child had been on the medication for less than three months.

Table EC18.1. Number and percentage of cases in which informed consent was reviewed by the Case Manager every 3 months and documented in the child's record

Classification status	Count	Percentage
Yes	14	9%
Partial[a]	14	9%
No	121	77%
Not applicable, with justification[b]	8	5%
Not applicable, without justification	0	0%
Sample size	**157**	**100%**

Source: ACMR data, Question 14 ("Was informed consent reviewed by the Case Manager every 3 months and documented in the <child's> record?").

[a] The Department indicated in the ACMR that cases were classified as "Partial" because they indicated there was a documented supervisor consult every 3 months since the last informed consent decision, but did not address the following elements: whether the symptoms for which the drug was prescribed have been addressed (2 cases), whether the child experienced adverse effects (8 cases), or both of these elements (4 cases).

[b] The Department indicated in the ACMR that informed consent was not required for the administration of Psychotropic Medication (1 case), or the youth has been on medication for less than 3 months (7 cases).

B. Terms set forth for expiration of informed consent in Section III.E.1.e of the Agreement

Section III.E.1.e of the Agreement describes:

> *Except in cases of a medically significant change in circumstances, informed consent shall expire and must be re-obtained 12 months from the date the consent is provided.*

We assessed whether informed consent was obtained consistent with Section III.E.1.e of the Agreement using responses to Question 15 in the ACMR ("Was informed consent re-obtained minimally 12 months from the date of consent?").[23] To complete Question 15, HIS classified each case into one of three status categories. We confirmed this variable takes on the response values of "Yes," "No," or "Not applicable." We then separated responses of "Not applicable" further into two categories, "Not applicable, with justification" and "Not applicable, without justification," as shown in Table EC18.2. In the sample, HIS classified 54 cases as "No" and 16 cases as "Yes." Another 87 sampled cases were found to be "Not applicable, with justification" for this ACMR question because informed consent was not required for the administration of Psychotropic Medication (1 case), or fewer than 12 months had passed from the date of consent (86 cases).

[23] The Agreement does not set forth terms for expiration of informed consent in cases with a medically significant change in circumstances and Question 15 in the ACMR does not include a response value for these cases.

Table EC18.2. Number and percentage of cases in which informed consent was re-obtained minimally 12 months from the date of consent

Classification status	Count	Percentage
Yes	16	10%
No	54	34%
Not applicable, with justification[a]	87	56%
Not applicable, without justification	0	0%
Sample size	**157**	**100%**

Source: ACMR data, Question 15 ("Was informed consent re-obtained minimally 12 months from the date of consent?").

[a] The Department indicated in the ACMR that informed consent was not required for the administration of Psychotropic Medication (1 case), or fewer than 12 months has passed from the date of consent (86 cases).

C. Terms set forth for consenting authority and process prior to termination of parental rights in Sections III.E.1.f.ii and III.E.1.f.iii of the Agreement

Section III.E.1.f.ii of the Agreement describes requirements to contact parents:

> *(a) every time a healthcare provider recommends the administration of a new Psychotropic Medication, the assigned Case Manager shall make at least two attempts, on different days (which in some circumstances may occur within the same 24-hour period, though still occurring on two different days), to contact a parent (both parents if applicable) to provide notice of the recommendation, unless the parent(s) is already engaged with the healthcare provider; and (b) the Case Manager will attempt to reach the parent(s) by at least two methods (phone, email, in-person, etc.) to the extent two such methods are available for a particular parent. Each attempt by a Case Manager to contact the parent(s) must be documented in FACES or another current case management tool. Contact with the parent(s) shall include a conversation about the recommended treatment, such as diagnosis, purpose, names and dosages of any medications, possible side-effects, required follow-up or monitoring, availability of alternatives, and prognosis without an intervention. Except as provided below, the parent(s) shall be provided the contact information for the Child's treating healthcare provider in order to communicate with them directly, if the parent(s) so chooses. For every informed consent request, the Case Manager shall also engage the Child's Resource Provider, and shall notify the Child's GAL, CASA, and FST in a manner consistent with CD policy.*

Section III.E.1.f.iii of the Agreement adds situations where the Department is not required to contact parents:

> *Notwithstanding any other provision in this Agreement, CD is not required to attempt to notify and/or consult with the parent(s), or give the parent contact information of the prescribing provider, in the following circumstances: (a) if the parent(s) is unknown, or when CD cannot locate the parent(s) after a good faith search in accordance with CD policy; (b) if the parent(s) has abandoned the child; (c) if a court exercising authority*

> *over the Child has entered an order restricting parental access to information pertaining to the Child; (d) if CD determines that sharing the information may endanger the health, safety, or welfare of the Child or another person, or is otherwise contrary to the best interests of the Child; (e) if CD determines that sharing information may interfere with a child abuse, child neglect, or criminal investigation involving the Child or another Child as a victim; or (f) if providing the information is otherwise contrary to law.*

We assessed whether informed consent was obtained consistent with Section III.E.1.f.ii and III.E.1.f.iii of the Agreement using responses to Questions 9, 10, and 11 in the ACMR. To complete Question 9 ("If <child's> parental rights have not been terminated, was an attempt made to contact <parent> to confer with them, regarding their position of the proposed medication/treatment? [If contact isn't made on first attempt, two attempts on different days must be made prior to CW consent]."), HIS classified cases separately for each parent into one of four status categories as shown in Table EC18.3. We confirmed these variables take on the response values of "Yes," "No," or "Not applicable." We then separated responses of "Not applicable" further into two categories, as shown in Table EC18.3.

For both parents, HIS classified more cases with a status of "No" than "Yes" (74 cases vs. 27 cases for parent 1 and 54 vs. 12 for parent 2, respectively). Another 30 cases for parent 1 were found to be "Not applicable, with justification," because informed consent was not required, HIS indicated parental rights were terminated, the parent attended the appointment, or parent was deceased. For parent 2, HIS classified 44 cases with a status of "Not applicable, with justification" because informed consent was not required, HIS indicated parental rights were terminated, the parent attended the appointment, or there was only one parent or guardian. Lastly, the Department was not required to attempt to notify parent 1 in 26 cases and parent 2 in 47 cases, most often because the parent abandoned the child.

Table EC18.3. Number and percentage of cases in which the required attempts to contact the parent were made to confer with them regarding their position of the proposed medication/treatment

	Parent 1		Parent 2	
Classification status	**Count**	**Percentage**	**Count**	**Percentage**
Yes	27	17%	12	8%
No	74	47%	54	34%
Not applicable, with justification[a]	30	19%	44	28%
Not applicable, without justification	0	0%	0	0%
Department not required to attempt to notify[b]	26	17%	47	30%
Sample size	**157**	**100%**	**157**	**100%**

Source: ACMR data, Question 9 ("If <child's> parental rights have not been terminated, was an attempt made to contact <parent> to confer with them, regarding their position of the proposed medication/treatment? [If contact isn't made on first attempt, two attempts on different days must be made prior to CW consent]").

Note: See Table EC18.4 for details on the "Yes" category. See Table EC18.5 for details on the "No" category.

[a] The Department indicated in the ACMR that these cases were not eligible because informed consent was not required for the administration of Psychotropic Medication (1 case), parental rights were terminated (19 cases for parent 1 and 15 cases for parent 2);

the parent attended the appointment (4 cases for parent 1 and 0 cases for parent 2); for parent 1 only, there were 4 cases in which the parent was deceased; or, for parent 2 only, there was only one parent or guardian (28 cases).

[b] HIS could select up to six reasons for why the Department was not required to attempt to notify the parent. The Department indicated in the ACMR that the parent was unknown or the Department could not locate them after a good faith search (2 cases for parent 1 and 12 cases for parent 2); the parent abandoned the child (23 cases for parent 1 and 34 cases for parent 2); or there was a court order restricting parental access to information (1 case for parent 1 and parent 2)

- For the 27 cases with a status of "Yes" for parent 1 and the 12 cases with a status of "Yes" for parent 2 in Table EC18.3, HIS noted the result and method of each contact attempt, as shown in Table EC18.4. The parent was contacted on the first attempt in most cases (23 cases for parent 1, 7 cases for parent 2). The parent was contacted on the second attempt in another 1 case for parent 1 and 1 case for parent 2. Contact with parent 1 was unsuccessful in 3 cases; contact with parent 2 was unsuccessful in 4 cases. For cases with a second attempt to contact, for both parents, date of first attempt and second attempt to contact occurred on different days (4 cases for parent 1 and 5 cases for parent 2). For both parents, a phone call was the most common method of contact for the first attempt (21 cases for parent 1 and 8 cases for parent 2). The most common method for the second attempt, if needed, was a call, email, or in-person for parent 1 (1 case for each method) and was an email for parent 2 (2 cases).

Table EC18.4. Result and method of attempts to contact parents, among cases where required contact attempts were made

	Parent 1		Parent 2	
Classification status	**Count**	**Percentage**	**Count**	**Percentage**
Result of attempts to contact parent				
Contacted parent 1st attempt	23	85%	7	58%
Contacted parent 2nd attempt	1	4%	1	8%
Two unsuccessful attempts	3	11%	4	33%
Missing	0	0%	0	0%
Sample size	**27**	**100%**	**12**	**100%**
Date of attempt				
Dates of 1st attempt and 2nd attempt are the same	0	0%	0	0%
Dates of 1st attempt and 2nd attempt are different	4	100%	5	100%
Sample size	**4**	**100%**	**5**	**100%**
Method of 1st attempt to contact parent				
Call	21	78%	8	67%
Email	2	7%	2	17%
In person	4	15%	2	17%
Letter	0	0%	0	0%
Missing	0	0%	0	0%
Sample size	**27**	**100%**	**12**	**100%**
Method of 2nd attempt to contact parent (if needed)				
Call	1	25%	1	20%
Email	1	25%	2	40%

Classification status	Parent 1		Parent 2	
	Count	Percentage	Count	Percentage
In person	1	25%	0	0%
Letter	0	0%	0	0%
Same method from 1st attempt due to no other option	1	25%	2	40%
Missing	0	0%	0	0%
Sample size	**4**	**100%**	**5**	**100%**

Source: ACMR data for cases with a "Yes" response on Question 9 ("If <child's> parental rights have not been terminated, was an attempt made to contact <parent> to confer with them, regarding their position of the proposed medication/treatment? [If contact isn't made on first attempt, two attempts on different days must be made prior to CW consent]").

Note: Percentages do not sum to 100% due to rounding.

- For the 74 cases with a status of "No" for parent 1 and the 54 cases with a status of "No" for parent 2 in Table EC18.3, HIS noted the number of contact attempts that were made as shown in Table EC18.5. The most common response for both parents was that no attempts to contact the parent were made (73 cases for parent 1 and 53 cases for parent 2). In one case for parent 1 and parent 2, only one unsuccessful attempt was made.

Table EC18.5. Number of attempts to contact parents, among cases where required contact attempts were not made

Classification status	Parent 1		Parent 2	
	Count	Percentage	Count	Percentage
No attempt made	73	99%	53	98%
Only one unsuccessful attempt	1	1%	1	2%
Missing	0	0%	0	0%
Sample size	**74**	**100%**	**54**	**100%**

Source: ACMR data for cases with a No response on Question 9 ("If <child's> parental rights have not been terminated, was an attempt made to contact <parent> to confer with them, regarding their position of the proposed medication/treatment? [If contact isn't made on first attempt, two attempts on different days must be made prior to CW consent]").

Note: The Department did not indicate in the ACMR why no attempts or only one unsuccessful contact attempt was made.

To complete Question 10 ("If contact was made with the parent/guardian regarding the recommendation of <child's> medication, did the case manager share the following: Diagnosis, Purpose, names and dosages of any medications, possible side effects, required follow up or monitoring, availability of alternatives, contact information for the treating healthcare provider and prognosis without an intervention?"), HIS classified cases separately for each parent into one of the three status categories. We confirmed this variable takes on the response values of "Yes," "No," or "Not applicable." We then separated responses of "Not applicable" further into two categories, "Not applicable, with justification" and "Not applicable, without justification," as shown in Table EC18.6. The most prevalent classification was "Yes" (16 cases for parent 1 and 6 cases for parent 2). HIS classified 8 cases for parent 1 and 2 cases for parent 2 as "No." Another 3 cases for parent 1 and 4 cases for parent 2 were found to be "Not applicable, with justification" because the case manager was unable to contact the parent.

Table EC18.6. Number and percentage of cases in which the case manager shared the required information with the parent/guardian regarding the recommendation of the child's medication

Classification status	Parent 1		Parent 2	
	Count	Percentage	Count	Percentage
Yes	16	59%	6	50%
No	8	30%	2	17%
Not applicable, with justification[a]	3	11%	4	33%
Not applicable, without justification	0	0%	0	0%
Sample size	**27**	**100%**	**12**	**100%**

Source: ACMR data, Question 10 ("If contact was made with the parent/guardian regarding the recommendation of <child's> medication, did the case manager share the following: Diagnosis, Purpose, names and dosages of any medications, possible side effects, required follow up or monitoring, availability of alternatives, contact information for the treating healthcare provider and prognosis without an intervention?").

[a] HIS could select up to three categories for parent 1 and up to four categories for parent 2 to indicate the reasons why cases were not eligible. The Department indicated in the ACMR that the case manager was unable to contact the parent (3 cases for parent 1 and 4 cases for parent 2).

We combined the responses to Question 9 shown in Table EC18.3 and Table EC18.4, and to Question 10 shown in Table EC18.6 to construct a variable that classified whether: (1) the required number and (2) method of attempts to contact the parent(s) were made; and (3) if contact was made, the case manager shared the required information with the parent/guardian regarding the recommendation of the child's medication. This new variable takes on the values shown in Table EC18.7.

- A value of "Yes" means that the case had at least one parent with: (1) a status of "Yes" in Table EC18.3, (2) two different contact methods listed in Table EC18.4 (if two contact attempts were made and these contact attempts occurred on different days and different contact methods was an option), and (3) a status of "Yes" or "Not applicable, with justification" in Table EC18.6; and no parents with: (4) a status of "No" in Table EC18.3; or (5) two contacts that were made on the same day or used the same contact methods listed in Table EC18.4 (if two contact attempts were made and different contact methods was an option); or (6) a status of "No" or "Not applicable, without justification" in Table EC18.6.
- A value of "No" means that the case had at least one parent with: (1) a status of "No" in Table EC18.3; or (2) two contact attempts were made on the same day or used the same two contact methods listed in Table EC18.4 (if two contact attempts were made and different contact methods was an option); or (3) a status of "No" or "Not applicable, without justification" in Table EC18.6.
- A value of "Not applicable" means that all parents on the case had a status of "Not applicable, with justification," or that the Department was not required to attempt to notify a parent in Table EC18.3.
- A value of "Missing" means that (1) all parents on the case had missing information on the number of contact attempts in Table EC18.4, or (2) one parent had missing information on the statuses in Table EC18.4 and the other had a status of "Not applicable, with justification" or

that the Department was not required to attempt to notify a parent in Table EC18.3, or (3) the statuses in Table EC18.4 indicated that two contact attempts were made for a parent on the case and the contact method for at least one attempt was missing.

The most prevalent classification was "No" (87 cases), followed by "Not applicable" (52 cases), and "Yes" (18 cases).

Table EC18.7. Number and percentage of cases in which the required number and method of attempts to contact parent(s) were made and, if contact was successful, the case manager shared the required information

Classification status	Count	Percentage
Yes	18	11%
No	87	55%
Not applicable	52	33%
Missing	0	0%
Sample size	**157**	**100%**

Source: ACMR data, Question 9 ("If <child's> parental rights have not been terminated, was an attempt made to contact <parent> to confer with them, regarding their position of the proposed medication/treatment? [If contact isn't made on first attempt, two attempts on different days must be made prior to CW consent]") and ACMR data, Question 10 ("If contact was made with the parent/guardian regarding the recommendation of <child's> medication, did the case manager share the following: Diagnosis, Purpose, names and dosages of any medications, possible side effects, required follow up or monitoring, availability of alternatives, contact information for the treating healthcare provider and prognosis without an intervention?").

Note: Percentages do not sum to 100% due to rounding.

To complete Question 11 in the ACMR ("If informed consent was obtained for the administration of psychotropic medication did the case manager engage the child's Resource Provider and notify the Child's GAL, CASA and FST within 10 business days?"), HIS classified each case into one of two status categories as shown in the left panel of Table EC18.8. We confirmed this variable takes on only the two response values shown in Table EC18.8 or is missing. The most prevalent classification was "No" (150 cases). HIS classified another 6 cases as "Yes," and for these cases, we also confirmed that the date the case manager notified the resource provider, GAL, CASA, or FST was within 10 business days of the informed consent decision. We classified 1 additional case as "Not applicable, with justification" because informed consent was not required for the administration of Psychotropic Medication.

Table EC18.8. Number and percentage of cases in which the case manager engaged the child's resource provider and notified the Child's GAL, CASA, and FST within or after 10 business days if informed consent was obtained for the administration of psychotropic medication

	Within 10 business days		After 10 business days	
Classification status	Count	Percentage	Count	Percentage
Yes	6	4%	10	7%
No	150	96%	140	93%
Not applicable, with justification[a]	1	<1%	0	0%
Not applicable, without justification	0	0%	0	0%
Sample size	**157**	**100%**	**150**	**100%**

Source: ACMR data, Question 11 ("If informed consent was obtained for the administration of psychotropic medication did the case manager engage the child's Resource Provider and notify the Child's GAL, CASA and FST within 10 business days?").
Note: Percentages do not sum to 100% due to rounding.
[a] The Department indicated in the ACMR that these cases were not eligible because informed consent was not required for the administration of Psychotropic Medication (1 case).

- For the 150 cases that had a status of "No" in the left panel of Table EC18.8, HIS noted whether the case manager engaged the child's resource provider and notified the Child's GAL, CASA, and FST after 10 business days, as shown in the right panel of Table EC18.8. For most cases, the answer was "No" (140 cases). Ten cases had a classification of "Yes."

The Agreement also requires the Department to share the following information related to objections from parents and FST members:

- *How many cases were referred to the SCC as a result of a parent's objection to the consenting decision consistent with Section III.E.1.f.iv? What were the results of those reviews?*
- *Did any member of the Child's FST object to the Child's being administered Psychotropic Medication. If yes, how has this been addressed and/or resolved?*

We assessed the first required data sharing element using data from the ACMR and administrative data from the Center for Excellence, which includes information about reviews and data that the Center for Excellence gathers by following up with case managers two weeks after reviews are completed. Table EC18.9 shows that 57 cases were referred to the Center for Excellence during 2024-RP1 because a parent did not agree with the use of a Medication. The Department has noted several concerns in using the follow-up data gathered by the Center for Excellence, including that the follow-up is voluntary, is not confirmed independently by HIS or other staff, and two weeks may not be enough time for final results from reviews to be realized. The ACMR includes questions about results of reviews for the ACMR sample and provides more accurate information for reviews. However, the ACMR sample in this reporting period only included three children for whom a review was requested due to parent non-consent, while the Center for Excellence attempts follow-up data collection from all reviews requested due to parent non-consent. Because neither data source has accurate data for all reviews, we currently consider both sources to contribute information towards this data sharing element, though this may change in future reporting periods.

- Based on the ACMR data, each of the 3 sampled cases where a review was requested due to parent non-consent had a different result: the parent(s) or guardian agreed with the medication, the parent(s)/guardian did not agree with the medication, and informed consent was granted because the parent(s)/guardian could not be contacted.
- Based on the Center for Excellence data, case managers indicated they implemented or moved forward with the recommendations from the Center for Excellence in 10 of the 57 cases where a review was requested due to parent non-consent. For two cases, the case manager indicated that discussions with the parents or providers were ongoing at the time of the follow-up. No follow-up data were recorded for the remaining 45 cases that were reviewed by the Center for Excellence due to a parent's objection.

Table EC18.9. Results of reviews by the Center for Excellence because of a parent's objections

Whether recommendations from the Center for Excellence were followed and if not, why not	Count	Percentage
Yes	10	18%
No, because:		
Youth refused to take recommended medication and switched to another medication	0	0%
Discussions are ongoing with the parent(s) or provider	2	4%
Missing	45	79%
Sample size	**57**	**100%**

Source: Data from the Center for Excellence stored on REDCap.
Note: Percentages do not sum to 100% due to rounding.

We assessed the required data sharing element for objections from FST members using responses to Question 12 in the ACMR ("Did any other team member object to <child> being administered psychotropic medication?"), and an additional item listing how objections were resolved.[24] To complete Question 12, HIS classified each case into one of the two categories. We then separated responses of "Not applicable" because informed consent was not required for the administration of Psychotropic Medication further into two categories, "Not applicable, with justification" and "Not applicable, without justification," shown in Table EC18.10. The most prevalent classification was "No" (154 cases).

[24] "Other team member" in Question 12 in the ACMR refers to people other than those included in Question 11 in the ACMR: the child's resource provider, GAL, and CASA. Section 7.2 of the Department's Child Welfare Manual describes that, "All parents must be invited to the FSTs and be given the opportunity to participate. Youth, age 12 and older must be invited as well as up to two advocates/advisors selected by the youth, if the youth desires."

Table EC18.10. Number and percentage of cases in which any member of the Child's FST objected to the Child's being administered the Psychotropic Medication

Classification status	Count	Percentage
Yes	2	1%
No	154	98%
Not applicable, with justification [a]	1	1%
Not applicable, without justification	0	0%
Sample size	**157**	**100%**

Source: ACMR data, Question 12 ("Did any other team member object to <child> being administered psychotropic medication?").

[a] The Department indicated in the ACMR that these cases were not eligible because informed consent was not required for the administration of Psychotropic Medication (1 case).

For the two cases with a status of "Yes" in Table EC18.10, HIS also noted in the ACMR how the objection was resolved. HIS indicated that the parent agreed with the medication after a review by the Center for Excellence, or the child was no longer prescribed the medication.

D. Terms set forth for alternative consenters in Section III.E.1.h of the Agreement

Section III.E.1.h of the Agreement describes:

> *In the event any member of the FST seeks to serve as the consenting authority for the administration of Psychotropic Medications to a Child, CD will, to the extent permitted by the juvenile court, inform the court and request an opportunity for the proposed alternative consenter to be heard. CD may require, upon appropriate notice, that such a request be in writing with the reasons for the request. CD's responsibility will be only to inform the juvenile court and the partiers of the request, not to support the request. Nothing in this Agreement shall be construed to require CD to support the request or imply that CD or its legal counsel must provide representation to support the request. Notice of the right to pursue this process shall be provided in writing to all members of the FST.*

We assessed whether informed consent was obtained consistent with Section III.E.1.h of the Agreement using responses to Question 13 in the ACMR ("If someone other than the case manager sought to be appointed as the consenting authority, was that matter raised to the juvenile court?"). To complete Question 13, HIS classified each case into one of the three status categories shown in Table EC18.11. We confirmed this variable takes on only the three response values shown in Table EC18.11. The most prevalent classification was "Not applicable" (153 cases). HIS were trained to use this status in situations where no one requested to be the alternative consenter. The remaining 4 cases for which an alternative consenter was requested was classified as "No"—that is, the matter was not raised to the juvenile court in any eligible cases.

Table EC18.11. Number and percentage of cases where the matter was raised to the juvenile court, among those in which someone other than the case manager sought to be appointed as the consenting authority

Classification status	Count	Percentage
Yes	0	0%
No	4	3%
Not applicable, no one requested to be an alternative consenter	153	97%
Sample size	**157**	**100%**

Source: ACMR data, Question 13 ("If someone other than the case manager sought to be appointed as the consenting authority, was that matter raised to the juvenile court?").

E. Terms set forth for emergencies in Sections III.E.1.l and III.E.1.l.i of the Agreement

Section III.E.1.l of the Agreement describes:

> *Notwithstanding any other provisions in this Agreement, Psychotropic Medications may be administered by a qualified prescriber without informed consent in an emergency situation. An emergency situation occurs when the purpose of the medication is to protect the life, safety, or health of the Child; to protect the life, safety, or health of others; to prevent serious harm to the Child or others; or to treat current or imminent substantial suffering.*

Section III.E.1.l.i of the Agreement adds:

> *In instances of emergency, notification shall be provided to the authorized consenting party as soon as practicable. For a Child in a residential setting pursuant to a contract with CD, CD shall include in its contract a requirement that the contractor shall provide notice to the authorized consenting party within 24 business hours after the emergency administration of the medication. For a Child in a hospital setting, the Child's Case Manager shall inquire within two business days of the Child's hospital discharge to determine whether any Psychotropic Medications were administered on an emergency basis.*

We assessed whether informed consent was obtained consistent with Section III.E.1.l.i using responses to Questions 18 and 19 in the ACMR.

- To complete Question 18 ("If <child> is/was in a hospital setting and was administered a psychotropic medication did <child's> case manager inquire within two business days of <child's> hospital discharge to determine whether any psychotropic medications were administered on an emergency basis?"), HIS classified each case into one of the four categories shown in Table EC18.12. We confirmed this variable takes on only the four response values shown in Table EC18.12. The most prevalent classification was "Not applicable, child never hospitalized during reporting period" (124 cases). Another 14 cases were classified as "No" and 18 cases were classified as "Yes."

Table EC18.12. Number and percentage of cases in which the case manager inquired within two business days of child's hospital discharge to determine whether any psychotropic medications were administered on an emergency basis

Classification status	Count	Percentage
Yes[a]	18	11%
No	14	9%
Not applicable, child never hospitalized during reporting period	124	79%
Not applicable, child remains in hospital setting at the end of the reporting period	1	1%
Sample size	**157**	**100%**

Source: ACMR data, Question 18 ("If <child> is/was in a hospital setting and was administered a psychotropic medication did <child's> case manager inquire within two business days of <child's> hospital discharge to determine whether any psychotropic medications were administered on an emergency basis?").

[a] The Department indicated in the ACMR that this information was obtained either because the hospital notified the worker promptly (8 cases) or the worker inquired (10 cases).

- To complete Question 19 ("If <child> is/was in a residential setting and was administered a psychotropic medication on an emergency basis, was notice provided to the consenting party within 24 hours?"), HIS classified each case into one of three categories. We confirmed this variable takes on the response values of "Yes," "No," or "Not applicable." We then separated responses of "Not applicable" further into two categories, as shown in Table EC18.13. The most prevalent classification was "Not applicable, with justification" (150 cases). We classified these cases as "Not applicable, with justification" because HIS indicated the child was not in a residential setting during the reporting period (57 cases), had never been in a residential placement (33 cases); or no medications were given (60 cases). Another 2 cases were classified as "Yes," 3 case was classified as "No," and 2 cases classified as "Not applicable, without justification."

Table EC18.13. Number and percentage of cases in which notice was provided to the consenting party within 24 hours, among cases where the child was in a residential setting and was administered a psychotropic medication on an emergency basis

Classification status	Count	Percentage
Yes	2	1%
No	3	2%
Not applicable, with justification[a]	150	96%
Not applicable, without justification [b]	2	1%
Sample size	**157**	**100%**

Source: ACMR data, Question 19 ("If <child> is/was in a residential setting and was administered a psychotropic medication on an emergency basis, was notice provided to the consenting party within 24 hours?").

[a] The Department indicated in the ACMR that these records were not eligible because the child was not in a residential setting (57 cases); has never been in a residential placement (33 cases); or no medications were given (60 cases).

[b] The Department did not indicate for 2 cases in the ACMR why these records were not eligible.

F. Combining responses in the ACMR to assess the terms set forth in Section III.E.1 of the Agreement

We combined responses to the eight questions in the ACMR described above to construct a variable that classified whether informed consent was obtained consistent with the terms set forth in Section III.E.1 of the Agreement when informed consent was required for the administration of Psychotropic Medication. This new variable takes on the two values shown in Table EC18.14. A value of "Yes" means that the case had a status of "Yes" in at least one of the following seven tables, and did *not* have a status of "No," "Partial," or "Not applicable, without justification" in any of the other tables: EC18.1; EC18.2; EC18.7; EC18.8; EC18.11; EC18.12; and EC18.13 (1 case). A value of "No" in Table EC18.14 means that the case had a status of "No," "Partial," or "Not applicable, without justification" in at least one of the seven tables (155 cases). A value of "Not applicable" in Table EC18.14 means that the case had a status of "Not applicable," or "Not applicable, with justification" in all seven tables (1 case for which informed consent was not required). No cases had a status of "Missing" in all seven tables.

Table EC18.14. Number and percentage of cases in which informed consent was obtained consistent with the terms set forth in Section III.E.1 when informed consent was required for the administration of Psychotropic Medication

Classification status	Count	Percentage
Yes	1	<1%
No	155	99%
Not applicable	1	<1%
Sample size	**157**	**100%**

Source: ACMR data coded based on Tables EC18.1; EC18.2; EC18.7; EC18.8; EC18.11; EC18.12; and EC18.13.

Note: Percentages do not sum to 100% due to rounding. The total number of cases used to estimate performance on this exit criterion excludes cases classified as "not applicable."

Estimation of performance. Performance on this exit criterion was <1%, calculated by dividing the number of cases with the status of "Yes" in Table EC18.14 (n=1) by the number of sampled cases, excluding those classified as "Not applicable" in Table EC18.14 (n=156).

Table EC18.15 shows performance separately for each of the relevant terms. For each term, we estimated performance by dividing the number of cases with the status of "Yes" in the source table by the total number of cases, except those marked as "Not applicable" or "Not applicable, with justification." For example, we estimated performance on the terms for review in Section III.E.1.d by dividing the number of cases with the status of "Yes" in Table EC18.1 (n=14) by the total number of cases in Table EC18.1, except those marked as "Not applicable, with justification" (n=149). The Department's performance across the relevant terms ranged from 0% (terms for alternative consenters) to 56% (terms for emergencies for children in a hospital setting). Performance on each term was below the minimum compliance range of 75% to 85% that was specified in the Agreement.

Table EC18.15. Performance on each of the terms set forth in Section III.E.1

Terms for	Source Table	Performance for the 2024-RP1 (January – June 2024)
Review (Section III.E.1.d)	EC18.1	9%
Expiration of informed consent (Section III.E.1.e)	EC18.2	23%
Consenting authority and process (Section III.E.1.f.ii and III.E.1.f.iii)		
Contacted parent/s	EC18.7	17%
Engaged child's resource provider and notified the Child's GAL, CASA, and FST within 10 business days	EC18.8	4%
Alternative consenters (Section III.E.1.h)	EC18.11	0%
Emergencies (Section III.E.1.l and III.E.1.l.i)		
Hospital setting	EC18.12	56%
Residential setting	EC18.13	29%

Source: ACMR data coded based on Tables EC18.1; EC18.2; EC18.7; EC18.8; EC18.11; EC18.12; and EC18.13.

19. When informed consent was required for the administration of Psychotropic Medication, was the standardized form filled out and included in the Child's Case File?

Performance on Exit Criterion 19: When informed consent was required for the administration of Psychotropic Medication, the standardized form was filled out and included in the Child's Case File for **21%** of cases. This percentage is less than the percentage calculated in 2023-RP2 (30%) and falls below the performance standard (75%).

Section III.E.1.i of the Agreement describes the use of a standardized form for recording informed consent:

> *Informed consent shall be given by the authorized consenting party in writing or in an electronic format on the standardized form attached as Exhibit C. The standardized form may be amended or modified from time to time after consultation with the [Psychotropic Medication Advisory Committee]. The signed form must be included in the Child's CD Case File.*

The performance standard for this exit criterion is 75% of cases reviewed. Informed consent is required for all cases except in emergencies as detailed in Section III.E.1.l. For children who are newly prescribed a Psychotropic Medication, informed consent must be obtained prior to the child taking it (Section III.E.1.b.i). For children who are already taking Psychotropic Medication when they enter into care, informed consent must be obtained before their prescription expires and "promptly after <child's> first medical appointment upon entering foster care, whichever occurs first" (Section III.E.1.b.ii). After informed consent is initially provided, the consent must be re-obtained every 12 months "[e]xcept in cases of a medically significant change in circumstances" (Section III.E.1.e).

In determining how to assess this exit criterion, Plaintiffs and the Department finalized the standardized form for informed consent, called the CD-275 form. Department staff meet this exit criterion by fully completing the CD-275 form and including it in the Child's Case File when informed consent is required for the administration of Psychotropic Medication. This version of the CD-275 form became available in April 2023.

We assessed performance on this exit criterion using responses to Question 8 in the ACMR ("Was [CD-275] Psychotropic Medication Informed Consent Form filled out and included in [the Child's] case file?") among cases where informed consent should have been obtained and recorded. HIS classified each eligible case into "Yes" or "No" (by reason), as shown in Table EC19.1, looking over the past 12 months for instances when informed consent was required to be obtained initially or re-obtained. A completed CD-275 form was included in the Child's Case File in 33 cases (21%) where informed consent should have been recorded. For cases without a completed CD-275 form, most (96 cases, or 61%) lacked a CD-275 form entirely, and some (24 cases, or 15%) had an incomplete CD-275 form. For 3 of eligible cases reviewed (2%), HIS did

not note whether the CD-275 was incomplete versus missing entirely. For 1 case reviewed (1%), HIS noted these children entered into care with an existing prescription that had not yet expired and they had not had a medical appointment after entering into care.

Table EC19.1. Number and percentage of cases with the CD-275 form in the Child's Case File when informed consent was required for the administration for Psychotropic Medication

Classification status	Count	Percentage
Yes	33	21%
No, CD-275 form was missing from the case file	96	61%
No, CD-275 form was incomplete	24	15%
No, unknown	3	2%
Not applicable[a]	1	1%
Sample size	**157**	**100%**

Source: ACMR data, Question 8 ("Was [CD-275] Psychotropic Medication Informed Consent Form filled out and included in [the Child's] case file?").

Note: The total number of cases used in the denominator to calculate estimate performance in this exit criterion excludes cases classified as "not applicable."

[a] HIS noted these children entered into care with an existing prescription that had not yet expired, and they had not had a medical appointment after entering into care.

Estimation of performance. Performance on this exit criterion was 21%, calculated by dividing the number of cases with the status of "Yes" in Table EC19.1 (n=33) by the number of sampled cases, excluding those classified as "Not applicable" (n=156).

20. Was a mandatory informed consent review requested from the Qualified Psychiatrist when indicated by Section III.E.1.k.i?

Finding on Exit Criterion 20: 34% of mandatory informed consent reviews were requested from the Qualified Psychiatrist when required using the criteria in Section III.E.1.k.i of the Agreement. This percentage is greater than the percentage calculated in 2023-RP2 (13%) and 2023-RP1 (26%) but remains below the performance standard (75%).

In this exit criterion, the Center for Excellence functions as the Qualified Psychiatrist. Section III.E.1.k.i of the Agreement describes when the Department must request a mandatory informed consent review:

> *Before informed consent may be given in the following circumstances, CD shall ensure that a recommendation from a Qualified Psychiatrist as to whether or not consent should be granted is obtained:*
>
> *a) A Child age three or younger is prescribed any Psychotropic Medication;*
> *b) For a Child age four or older:*
> *a. Prescription of three or more concurrent Psychotropic Medications for 90 days or more;*
> *b. Prescription of two or more concurrent antipsychotic medications for 90 days or more;*
> *c. Multiple prescribers of any Psychotropic Medication within a 90-day period; or*
> *d. No later than 12 months after the Court approves this Agreement, a dose in excess of the guidelines referenced in Section III.G.*

The performance standard for this exit criterion is 75% of cases reviewed. Following the mandatory informed consent review, the Department considers the recommendations from the Center for Excellence to guide in making a consent decision.

The Department described to Plaintiffs and the Data Validator the process by which eligible reviews are identified and requested. The Department noted that, for children age four or older, it aims to meet the respective requirements of Section III.E.1.k.i by conducting mandatory informed consent reviews well in advance of the "90 days or more" timelines listed in Section III.E.1.k.i.b. Specifically, for children age four or older, the Department seeks mandatory informed consent reviews before a child starts a third psychotropic medication; before a child starts a second antipsychotic medication; before a child starts a second psychotropic medication from a second prescriber; and before starting a psychotropic medication at a dosage exceeding the guidelines referenced in Section III.G.

We assessed performance on this exit criterion using responses to Question 21 in the ACMR ("Did CD staff request a mandatory informed consent review from the Center for Excellence by completing the standardized request form?"). HIS classified each case into the categories shown

in Table EC20.1 by reviewing whether cases met at least one mandatory informed consent review criterion during the reporting period. HIS also looked at the previous 12 months to assess whether any informed consent provided before then had expired during or prior to the reporting period, in which case another mandatory informed consent review would be needed. Most cases in the ACMR sample (84 of 157) did not meet criteria for a mandatory informed consent review and were ineligible for this exit criterion. Twenty-five cases (16%) in the ACMR sample had mandatory informed consent reviews requested as expected, while for 48 cases (31%), the Department was required to initiate a review but did not.

Table EC20.1. Number and percentage of cases in mandatory informed consent reviews were initiated by completing the standardized request form

Review status	Count	Percentage
Yes, review was required and requested	25	16%
No, review was required but not requested	48	31%
Not applicable, review was not required	84	54%
Sample size	**157**	**100%**

Source: ACMR data, Question 21 ("Did CD staff request a mandatory informed consent review from the Center for Excellence by completing the standardized request form?").

Note: Percentages do not sum to 100% due to rounding. See Table EC20.2 for details on the mandatory informed consent review criteria used to identify when reviews were required. The total number of cases used in the denominator to calculate estimate performance in this exit criterion excludes cases classified as "not applicable."

HIS also identified which review criteria applied to each of the cases where review was required. Table EC20.2 lists review criteria for mandatory informed consent reviews but removes references in the Agreement to "for 90 days or more." As described above, the Department seeks to conduct mandatory informed consent reviews well in advance of the "90 days or more" timeline referenced in the Agreement (Section III.E.1.k.i.). Reviews were most often required because three or more concurrent Psychotropic Medications were prescribed, but less than half of the required reviews were requested (21 requested and 48 not requested).

Table EC20.2. Number and percentage of reviews required for each of the mandatory informed consent review criteria in Agreement Section III.E.1.k.i, by review status

Cases meeting mandatory informed consent review, by criterion	Yes, review was required and requested		No, review was required but not requested	
	Count	Percentage	Count	Percentage
Child age three or younger is prescribed any Psychotropic Medication	1	4%	0	0%
For a Child age four or older:				
Prescription of three or more concurrent Psychotropic Medications[a]	21	84%	48	100%
Prescription of two or more concurrent antipsychotic medications[a]	2	8%	0	0%
Multiple prescribers of any Psychotropic Medication[a]	0	0%	4	8%
A Child is prescribed a dose in excess of the guidelines described in Section III.G of the Agreement	2	8%	1	2%
Missing	2	8%	0	0%
Sample size	**25**		**48**	

Source: ACMR data, Question 21 ("Did CD staff request a mandatory informed consent review from the Center for Excellence by completing the standardized request form?").

Note: Percentages do not sum to 100% because cases can meet multiple mandatory informed consent review criteria.

[a] The Agreement indicates "for 90 days or more" on this review criterion, but the Department noted its policy is to seek mandatory informed consent reviews prior to starting the indicated medication (a third psychotropic medication, second antipsychotic mediation, or second psychotropic medication from a second prescriber).

Estimation of performance. Performance on this exit criterion was 34%, calculated by dividing the number of cases with the status of "Yes, review was required and requested" in Table EC20.1 (n=25) by the number of mandatory informed consent reviews that were required, excluding those classified as "Not applicable" (n=73). Because the number of eligible cases for this exit criterion is less than the number of sampled cases, the margin of error is larger than the 5% threshold described in the Agreement (See Table 1).

21. For all informed consent reviews requested from the SCC, was the standardized request form or template filled out and, if applicable, all additional information requested by the Qualified Psychiatrist provided?

Performance on Exit Criterion 21: For **100%** of informed consent reviews requested from the SCC, the standardized request form or template was filled out and, when applicable, all additional information requested by the Qualified Psychiatrist was provided. This percentage is the same as the percentage calculated in previous reporting periods and remains above the performance standard (85%). Thus, the Department met this exit criterion for the three most recent reporting periods.

In this exit criterion, the Center for Excellence is the Statewide Clinical Consultant (SCC) and employs staff who function as the Qualified Psychiatrist. Section III.E.1.k.ii of the Agreement states:

> *The request or referral to the Statewide Clinical Consultant for a mandatory informed consent review shall be made in writing or electronically using a standardized form or template, containing fields for the basic information necessary to conduct the review. The standardized form or template will be developed in consultation with the Statewide Clinical Consultant and may be amended or modified from time to time.*

Section III.E.1.k.iii of the Agreement states:

> *For mandatory informed consent reviews conducted under this Agreement, CD shall provide to the Statewide Clinical Consultant access to the information that the Qualified Psychiatrist determines necessary in order to conduct the secondary review, to the extent that the information is reasonably available to CD. This may include the Child's medical history, including clinically relevant records and information, consistent with Sections III.C.1.b-c.*

The performance standard for this exit criterion is 85% of cases reviewed. Because mandatory informed consent reviews can only be initiated by submitting the standardized form, all eligible cases (that is, cases those for whom informed consent reviews were requested from SCC) will have a standardized request form or template filled out. Accordingly, performance on this criterion is based only on whether additional information, if requested, was provided.

Per Table EC20.1, there were 25 such cases in the ACMR sample for whom mandatory informed consent reviews were required and requested with the standardized form. For these eligible cases, we used responses to ACMR Question 22 ("Did CD staff provide all additional information requested by the Center for mandatory review?") to assess the Department's provision of additional information requested by the Center for Excellence. HIS classified each case into the categories shown in Table EC21.1. For 15 eligible cases for whom mandatory informed consent reviews were initiated, the Department provided available additional information requested by

the Center for Excellence. For the remaining 10 (40%) eligible cases, no additional information was requested by the Center for Excellence.

Table EC21.1. Number and percentage of mandatory informed consent reviews in which available additional information requested by the Qualified Psychiatrist was provided

Classification status	Count	Percentage
Yes	15	60%
No	0	0%
Not applicable, no additional information was requested	10	40%
Not applicable, information was requested but has not been received	0	0%
Sample size	**25**	**100%**

Source: ACMR data, Question 22 ("Did CD staff provide all additional information requested by the Center for mandatory review?").

Note: The total number of cases used in the denominator to calculate estimate performance in this exit criterion excludes cases classified as "not applicable."

Estimation of performance. Performance on this exit criterion was 100%, calculated by dividing the number of cases with the status of either "Yes" or "Not applicable, no additional information was requested" in Table EC21.1 (n=25) by the total number of sampled cases with informed consent reviews requested, per Table EC21.1 (n=25). Because the estimated performance is 100%, the margin of error is smaller than the 5% threshold described in the Agreement even though there are fewer eligible cases for this exit criterion (See Table 1).

22. For all informed consent reviews requested from the SCC, was the review timely completed?

Performance on Exit Criterion 22: **99%** of informed consent reviews requested from the SCC were completed in a timely manner. This percentage is slightly less than the percentages calculated in 2023-RP2 (100%) and 2023-RP1 (>99%) but remains above the performance standard (85%). Thus, the Department met this exit criterion for the three most recent reporting periods.

In this exit criterion, the Center for Excellence is the Statewide Clinical Consultant (SCC) and employs staff who function as the Qualified Psychiatrist. The Center for Excellence completes informed consent reviews by sending recommendations to the consenter. Section III.E.1.k.iv of the Agreement describes timeliness for informed consent reviews:

> *The recommendation of the Qualified Psychiatrist shall be communicated in writing to the consenter within five business days for outpatient and three business days for inpatient from the day the Statewide Clinical Consultant receives the written or electronic request or referral or, if requested by the Statewide Clinical Consultant, any other necessary information.*

The performance standard for this exit criterion is 85% of cases reviewed. We assessed performance on this exit criterion using data from the Center for Excellence stored on REDCap. Table EC22.1 shows the percentage of informed consent reviews that were completed within five business days for outpatient cases and three business days for inpatient cases. We identified inpatient cases as those for whom the placement type indicated hospitalization. The Center for Excellence completed nearly all informed consent reviews in a timely manner for outpatient and inpatient cases.

Table EC22.1. Number and percentage of informed consent reviews that the Center for Excellence completed timely

	Outpatient cases		Inpatient cases	
Informed consent review completed timely	Count	Percentage	Count	Percentage
Yes	295	99%	248	>99%
No	1	<1%	0	0%
Missing date when recommendations were sent	2	1%	1	<1%
Sample size	**298**	**100%**	**249**	**100%**

Source: Data in REDCap from the Center for Excellence.

Note: Timeliness is defined as within five business days for outpatient cases and three business days for inpatient cases, starting from the day the review request is submitted to the Center for Excellence or additional information requested from the Department is received. We identified inpatient cases as those where the placement type was "Hospitalized."

Estimation of performance. Performance on this exit criterion was 99%, calculated by dividing the sum of timely informed consent reviews for outpatient and inpatient cases (n=543) from Table EC22.1 by the total count of informed consent reviews (n=547).

23. Was documentation of the informed consent review request and recommendation placed in the Child's Case File?

Performance on Exit Criterion 23: For **100%** of cases, the completed informed consent review request/ recommendation form was placed in the Child's Case File. This percentage is the same as the percentage calculated in previous reporting periods and remains above the performance standard (85%). Thus, the Department met this exit criterion for the three most recent reporting periods.

Section III.E.1.k.v of the Agreement states:

> *Documentation of the request and recommendation shall be included in the Child's Case File using the standardized form or process.*

The performance standard for this exit criterion is 85% of cases reviewed. We assessed performance on this exit criterion using responses to Question 24 in the ACMR ("Was the completed request/recommendation form from the [Center for Excellence] placed in the child's case file?"). This question was only asked of the children in the ACMR sample who had a completed mandatory informed consent review (n=25 per exit criterion 20). HIS classified each eligible case with a completed review into the categories shown in Table EC23.1. All completed requests and recommendations were placed in the child's case file.

Table EC23.1. Number and percentage of mandatory informed consent reviews in which the completed request/recommendation was placed in the child's case file

Classification status	Completed reviews upon request	
	Count	Percentage
Yes, the request/recommendation was placed in the child's case file	25	100%
No, the request/recommendation was not placed in the child's case file	0	0%
Sample size	**25**	**100%**

Source: ACMR data, Question 24 ("Was the completed request/recommendation form from the [Center for Excellence] placed in the child's case file?").

Estimation of performance. Performance on this exit criterion was 100%, calculated by dividing the number of cases with the status of "Yes, the request/recommendation was placed in the child's case file" in Table EC23.1 (n=25) by the total number of completed mandatory informed consent reviews (n=25).

The Agreement also required the Department to share data answering the question, "How many reviews were required for each of the mandatory informed consent review criteria set forth in Section III.E.1.k?" As discussed for EC20 ("Was a mandatory informed consent review requested from the Qualified Psychiatrist when indicated by Section III.E.1.k.i?") and shown in Table EC20.2 using data for the ACMR sample, the Department seeks mandatory informed consent reviews when cases meet any of five review criteria. Data on reviews required for each review criterion were available from the Center for Excellence and stored on REDCap for all mandatory informed consent reviews conducted during the reporting period. We used this data from REDCap in Table EC23.2 to show the same review criteria as in Table EC20.2 for all mandatory informed

consent reviews that were initiated during this reporting period. The sum of counts in Table EC23.2 is larger than the sample size of 529 mandatory informed consent reviews because each review could meet more than one review criterion.

Ninety percent of cases were flagged for mandatory informed consent review because the child was older than 4 years old and had three or more Psychotropic Medications. A sizeable share of reviews (n=109 or 21%) were flagged because there were multiple prescribers of any Psychotropic Medication. Four percent or less of mandatory informed consent reviews in the reporting period met any of the other criteria shown in Table EC23.2.

Table EC23.2. Number and percentage of reviews required for each of the mandatory informed consent review criteria in Agreement Section III.D.4a

Cases meeting mandatory informed consent review criteria, by criterion	Count	Percentage
Use of any Psychotropic Medication for a Child age three or younger	8	2%
For a Child age four or older:		
Prescription of three or more concurrent Psychotropic Medications[a]	478	90%
Prescription of two or more concurrent antipsychotic medications[a]	4	1%
Multiple prescribers of any Psychotropic Medication[a]	109	21%
A Child is prescribed a dose in excess of the guidelines described in Section III.G of the Agreement	21	4%
Sample size	**529**	

Source: Data for all cases is from REDCap data provided by the Center for Excellence.

Note: Percentages do not sum to 100% because cases can meet multiple mandatory informed consent review criteria.

[a] The Agreement indicates "for 90 days or more" on this review criterion, but the Department noted it seeks mandatory informed consent reviews prior to starting the indicated medication (a third psychotropic medication, second antipsychotic mediation, or second psychotropic medication from a second prescriber).

24. If a Child is on Psychotropic Medication, was informed assent sought and documented on the standardized form in the Child's Case File consistent with the terms set forth in Section III.E.2?

Performance on Exit Criterion 24: Informed assent was sought and documented on the standardized form in the Child's Case File consistent with the terms set forth in Section III.E.2 for **10%** of children on Psychotropic Medication. This percentage is less than those calculated in both 2023-RP2 and 2023-RP1 (14%) and falls below the performance standard (75%).

Section III.E.2 of the Agreement sets forth terms related to informed assent, including maintaining a departmental policy (Section III.E.2.a), seeking and documenting assent (Section III.2.b), re-obtaining informed assent on a yearly basis (Section III.E.2.c), allowing exemptions for emergencies (Section III.E.2.d), and tracking progress on provisions in the Agreement (Section III.E.2.e).

We focus our measurement of performance for this exit criterion on Section III.E.2.b:

> *Before providing informed consent for a Psychotropic Medication, the CD Case Manager or supervisor (in coordination with the alternative consenter, if applicable) must seek to obtain informed assent from the youth, consistent with the following:*
>
> *i. In partnership with the Child's treating healthcare provider, ensure that the Child is informed, in an age and developmentally appropriate manner, of the recommendation for prescribed medication(s) as part of the Child's treatment plan.*
> *ii. In partnership with the Child's treating health care provider, ensure the Child is provided an opportunity to voice his or her reactions or concerns regarding prescribed medication(s).*
> *iii. Ensure that the Child (age 12 and over) and the Child's attorney/GAL (for a Child of any age), is provided notice in writing of:*
> *a) All rights set forth in CD 24.3.9 or subsequent (and/or renumbered) versions of this provision in the Child Welfare Manual, along with the right to file a service delivery grievance or to file a motion with the juvenile court;*
> *b) The right to speak privately with the healthcare provider regarding any proposed Psychotropic Medication;*
> *c) The right to seek a second opinion from a different healthcare provider regarding any Psychotropic Medication; and*
> *d) The right for Children age 12 and over to request that their refusal to assent to the administration of a Psychotropic Medication be reviewed by the Statewide Clinical Consultant. The request will follow the same timeline and requirements set forth in Sections III.E.1.f.iv.a-e.*
> *iv. Give the Child the opportunity to sign a copy of the standardized consent form that has been filled out by the healthcare provider and authorized consenting party, and ensure that the signed form is placed in the Child's Case File.*

The performance standard for this exit criterion is 75% of cases reviewed.

We assessed whether assent was obtained consistent with the Agreement using responses to several questions in the ACMR that align with different sections of Section III.E.2.b, including: Question 17 ("If the child is 12 years old or over, did they assent to the use of psychotropic medications?"); Question 16 ("If the child is 12 years old or over, were they given in writing, notice of their rights?"); and Question 16A ("Was the Guardian ad Litem/attorney given, in writing, notice of their rights?"). We also drew on additional information provided by HIS when they selected certain response categories to these questions. Below we summarize these ACMR data in the order they are relevant for Section III.E.2.b of the Agreement.

A. Terms set forth for assent in Sections III.E.2.b.i and III.E.2.b.ii of the Agreement

Sections III.E.2.b.i. and III.E.2.b.ii describe that the Department, in partnership with the youth's treating healthcare provider, must ensure the youth receives information in an age-appropriate manner about the recommendation for prescribed medication and has an opportunity to voice reactions and concerns. In determining how to assess this exit criterion, Plaintiffs and the Department agreed that the Department should seek informed assent from youth age 12 and over, and the Department would not be required under this exit criterion to seek informed assent from youth younger than age 12.

We assessed whether assent was obtained in alignment with these subsections based on Question 17 of the ACMR ("If the child is 12 years old or over, did they assent to the use of psychotropic medications?"). Plaintiffs and the Department agreed this question and response categories captured the intent of the Agreement, focusing on youth providing assent. It does not capture whether processes for obtaining assent were followed for youth who did and did not ultimately provide assent. To complete Question 17, HIS classified each case into one of the four status categories shown in Table EC24.1a. We confirmed this variable takes on only the response values shown in Table EC24.1a. Forty-four percent of cases were classified as "Yes" (39 cases). HIS were trained to classify cases as "Yes" if youth agreed with the medication after being informed in an appropriate manner of the recommendation for prescribed medication (Section III.E.2.i) and having the opportunity to voice reactions and concerns (Section III.E.2.ii), though not explicitly part of the wording of Question 17. The most prevalent classification in the sample was "No, the child was not able to assent as worker did not discuss medications with the youth in partnership with the health care provider in a developmentally appropriate manner" (68 cases or 34%). HIS classified an additional 4 cases (2%) as "No, child did not provide assent," which they were trained to do if youth did not provide agreement to the medication. Lastly, HIS classified 45 cases (29%) as "Not applicable" because youth were not yet 12 years old (Table EC24.1b).[25]

[25] HIS also noted in the ACMR the data sources they used to respond to Question 17: an electronic copy of the CD 275 form, contact notes and dates in FACES, or an interview, noting date(s) and interviewees. We have not verified these data sources for this reporting period.

Table EC24.1a. Number and percentage of cases where children provided assent to the use of Psychotropic Medications

Classification status	Count	Percentage
Yes[a]	39	25%
No, child was not able to assent as worker did not discuss medications with the youth in partnership with the health care provider in a developmentally appropriate manner	68	44%
No, child did not provide assent	4	3%
Not applicable[b]	45	29%
Sample size	**156**	**100%**

Source: ACMR data, Question 17 ("If the child is 12 years old or over, did they assent to the use of psychotropic medications?").

Note: Percentages do not sum to 100% due to rounding. See Table EC24.1b for details on the "Not applicable" category.

[a] Youth agreed to the administration of the medication after being informed in an age and developmentally appropriate manner of the recommendation for prescribed medication, and youth had the opportunity to voice reactions and concerns about the medication.

[b] Youth was under age 12 or there was a formal court determination that the youth lacked the capacity to understand.

Table EC24.1b. Reasons why obtaining assent from children was not applicable

Classification status	Count	Percentage
Not yet 12 years old	45	100%
Court determination: child not capable of understanding	0	0%
Child prescribed psychotropic medication before entering into care, has not had medical appointment, and prescription has not expired	0	0%
Missing	0	0%
Sample size	**45**	**100%**

Source: ACMR data, Question 17 ("If the child is 12 years old or over, did they assent to the use of psychotropic medications?"), and additional information provided by the Department

B. Terms set forth for written notice of health care rights in Section III.E.2.b.iii of the Agreement

Section III.E.2.b.iii describes the health care rights that must be provided in writing to youth over age 12 and their lawyer or Guardian ad Litem for youth of any age. Case managers can provide written notice of youths' health care rights as listed in Sections III.E.2.b.iii by giving youth and their lawyer or Guardian ad Litem the CD–281 form. We first discuss provision of written notice to youth before turning to provision of written notice to their lawyer or Guardian ad Litem.

We assessed whether health care rights were provided in writing to youth 12 years old or overusing responses to Question 16 of the ACMR ("If the child is 12 years old or over, were they given in writing, notice of their rights?"). To complete this question, HIS classified each case into one of the three status categories shown in Table EC24.2. We confirmed this variable takes on only the response values shown in Table EC24.2a. The most prevalent classification in the sample was "No" (72 cases or 46%). HIS were trained to classify cases as "No" if the youth was at least 12 years old and either the youth was not provided notice of their rights with the CD–281 form or there was no documentation that the CD–281 form was provided to the youth.

The next most prevalent classification in the sample was "Yes" (36 cases or 23%). HIS were trained to classify cases as "Yes" if the youth was at least 12 years old and there was documentation that the CD–281 form was provided to the youth. For cases marked as "Yes," HIS could note where the documentation was observed. We confirmed that at least one documentation source was marked for 33 of the 36 cases. HIS additionally classified 47 cases as "Not applicable", which we divided further into classifications of "Not applicable, with justification" and "Not applicable, without justification," depending on whether HIS provided a reason for the case being marked "Not applicable". Thirty percent of cases were classified as "Not applicable, with justification" because they provided one of the reasons shown in Table EC24.2b. One case was not classified into "Yes", "No", or "Not applicable" statuses.

Table EC24.2a. Number and percentage of cases where children were given written notice of their rights

Classification status	Count	Percentage
Yes[a]	36	23%
No	72	46%
Not applicable, with justification[b]	46	29%
Not applicable, without justification	1	1%
Missing	1	1%
Sample size	**156**	**100%**

Source: ACMR data, Question 16 ("If the child is 12 years old or over, did they assent to the use of psychotropic medications?").

Note: See Table EC24.2b for details on the "Not applicable, with justification" category.

[a] HIS found documentation that the CD–281 form was provided to the youth for 36 cases, and noted the documentation source for 33 of them.

[b] Youth was under age 12 or there was a formal court determination that the youth lacked the capacity to understand.

In an additional field in the ACMR, HIS clarified the reason that requirements for providing written notice of health care rights were marked "Not applicable." We show this information in Table EC24.2b for the cases we classified as "Not applicable, with justification" in Table EC24.2a. In 2024-RP1, nearly all of these cases (45, or 98%) were marked "Not applicable" because the child was not yet 12 years old.

Table EC24.2b. Reasons why providing written notice of health care rights to child was not applicable

Classification status	Count	Percentage
Not yet 12 years old	45	98%
Court determination: child not capable of understanding	1	2%
Sample size	**46**	**100%**

Source: ACMR data, Question 16 ("If the child is 12 years old or over, did they assent to the use of psychotropic medications?").

We assessed whether health care rights were provided in writing to the child's lawyer or Guardian ad litem using responses to Question 16a of the ACMR ("Was the Guardian ad Litem/attorney given, in writing, notice of their rights?"). To complete this question, HIS classified each case into "Yes" or "No" as shown in Table EC24.3. The most prevalent classification in the sample was "No" (130 cases or 83%). HIS were trained to classify cases as "No" if the assigned Guardian ad Litem did not receive the CD–281 form or there was no

documentation that it had been provided. HIS classified 26 cases (17%) as "Yes." HIS were trained to classify cases as "Yes" if the assigned Guardian ad Litem received the CD–281 form or there was documentation that they previously received it. The training manual noted "Some [Guardians ad Litem] do not want a copy for every youth and [they have] been previously provided a copy for their records that pertains to all youth on caseload."

Table EC24.3. Number and percentage of cases where youth's lawyer/Guardian ad Litem were given written notice of their rights

Classification status	Count	Percentage
Yes[a]	26	17%
No[b]	130	83%
Missing	1	1%
Sample size	**157**	**100%**

Source: ACMR data, Question 16 ("If the child is 12 years old or over, did they assent to the use of psychotropic medications?").

Note: Percentages do not sum to 100% due to rounding.

[a] CD–281 form was provided to the youth's lawyer or Guardian ad Litem or there was documentation it had been provided previously to the lawyer or Guardian ad Litem.

[a] CD–281 form was not provided to the youth's lawyer or Guardian ad Litem or there was no documentation it was provided.

C. Terms set forth for documentation of assent in Section III.E.1.d.iv of the Agreement

Section III.E.1.d.iv describes that youth who assent to the prescribed medication should sign the standardized consent form, and this form should be placed in the Child's Case File. Plaintiffs and the Department agreed the standardized consent form would be the CD–275 form.

We assessed documentation of assent using an additional question that is asked of HIS when they indicate "Yes" in response to Question 17 ("If the child is 12 years old or over, did they assent to the use of psychotropic medications?"), which was the case for 39 cases, per Table EC24.1a. For these 39 cases, HIS were asked the additional question: "Was assent documented on the CD-275?" As shown in Table EC24.4, HIS responded "Yes" for 15 cases (38%) and "No" for 23 cases (59%).

Table EC24.4. Number and percentage of cases where assent was documented on the standardized consent form (CD-275)

Classification status	Count	Percentage
Yes	15	38%
No	23	59%
Missing	1	3%
Sample size	**39**	**100%**

Source: ACMR data, additional question ("Was assent documented on the CD-275?") for cases with a "Yes" response on Question 17 ("If the child is 12 years old or over, did they assent to the use of psychotropic medications?").

D. Combining responses from the ACMR to assess the terms set forth in Section III.E.2.b of the Agreement

We combined responses across questions in the ACMR described above to construct a variable that classified whether assent was sought and documented consistent with the terms in Section III.E.2.b. The combined status variable takes on a value of "Yes" if the case meets all of the following conditions: (1) "Yes" or "Not applicable" in Table EC24.1a, meaning that the child gave assent or was not required to give assent; (2) "Yes" in Table EC24.1a if "Yes" in EC24.4, meaning that the child gave assent and it was documented; (3) "Yes" or "Not applicable, with justification" in Table EC24.2a, meaning that the child received written notice or was not required to; and (4) "Yes" in Table EC24.3, meaning that the child's lawyer or Guardian ad Litem was notified of the child's rights. The combined status variable takes on a value of "No" for all other cases.

Table EC24.5. Number and percentage of cases in which assent was sought and documented consistent with the terms in Section III.E.2.b

Classification status	Count	Percentage
Yes	16	10%
No	141	90%
Sample size	**157**	**100%**

Source: ACMR data coded based on Tables EC24.1a, EC24.2a, EC24.3, and EC24.4.
Note: Percentages do not sum to 100% due to rounding.

Estimation of performance. Performance on this exit criterion was 10%, calculated by dividing the number of cases with the status of "Yes" in Table EC24.5 (n=16) by the total number of sampled cases (n=157).

The Agreement also requires the Department to share the following information: "How many cases were referred to the SCC as a result of a Child's objection to the administration of the medication? What were the results of those reviews?" We assessed this required data sharing element by examining administrative data that the Center for Excellence records for reviews, additional ACMR information that HIS provide for cases classified as "No, child did not provide assent" in Table EC24.1a, and information that the Center for Excellence gathers by following up with case managers two weeks after reviews are completed.

During the reporting period, three cases were referred to the Center for Excellence because a child did not agree with the use of a medication. Follow-up information was recorded by the Center for Excellence for one case, which indicated that the Center's recommendation was implemented or followed. As described above Table EC18.9, the Department noted several shortcomings with this information, including that the follow-up is voluntary, is not confirmed independently by HIS or other staff, and two weeks may not be enough time for final results from reviews to be realized. The ACMR includes questions about results of reviews for the ACMR sample and could provide more accurate information for reviews. However, the ACMR sample in 2024-RP1 did not include any of the three cases. The Department is considering gathering results of reviews for additional cases in future reporting periods.

Glossary

Glossary items and their definitions are drawn from the Agreement and supplemented with additional terms that may be helpful to the reader.

Agreement: The document that resulted from the negotiations between the parties. Also called the Settlement Agreement.

Alternative Care: A synonym for foster care in Missouri.

Case File or Case Record: The paper record and electronic record established and maintained by the Children's Division pertaining to a member of the class.

Case Manager or Case Management Staff: Children's Division or Foster Care Case Management Agency staff member(s) assigned to manage the case of the child in foster care, or the Case Manager's supervisor.

Center for Excellence in Child Well-Being: See Statewide Clinical Consultant.

Child or Children: All persons under the age of 18 in Children's Division foster care custody.

Children's Division (CD): The Children's Division unit of the Department of Social Services, established by MO. REV. STAT. Chapters 207, 210, 660. In this report, many responsibilities fall specifically on the CD, but for the sake of simplicity "Department" refers to the CD as well.

Data Template: A document mapping exit criteria and required data sharing elements to questions in the ACMR tool or aggregate data to be used to evaluate performance.

Defendants: All defendants in the case of *M.B., et al. v. Tidball, et al.,* Case Number 2:17-cv-04102-BP, including but not limited to the Directors of the Missouri Department of Social Services.

Department of Social Services or Department (DSS): Missouri Department of Social Services established under Mo. Const. art. IV, § 37 and MO. REV. STAT. Chapter 660. G.

Exit Criteria: Twenty-four items under the Agreement that must be satisfied to release the Department from obligations under the lawsuit.

Foster Care Case Management: Entities contracted with DSS or CD pursuant to MO. REV. STAT. Chapter 210.112, to provide case management services to children placed in CD custody pursuant to MO. REV. STAT. Chapters 207.020.1(17), 210.181, by an order of the juvenile or family court pursuant to MO. REV. STAT. Chapter 211.

Health Information Specialist (HIS): Department professionals assigned responsibilities that include collecting relevant information under the Agreement.

Missouri Foster Care Program: 24-hour substitute care for children placed away from their parents or placed in CD custody pursuant to MO. REV. STAT. Chapters 207.020.1(17), 210.181, by

an order of the juvenile or family court pursuant to MO. REV. STAT. Chapter 211. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, childcare institutions, and pre-adoptive homes.

MO HealthNet Division, MHD, or MO HealthNet: The Division of DSS established by MO. REV. STAT. Chapter 208 and 660. MO HealthNet is Missouri's medical assistance program on behalf of needy persons pursuant to the Title XIX, Public Law 89-97, 1965 amendments to the federal Social Security Act, 42 U.S.C. § 301 et seq. J.

Off-label Use of Medication: Off-label drugs, according to the US-Food and Drug Administration, are defined as "use of drugs for the indication, dosage form, regimen, patient or other constraints not mentioned in the approved labeling" It is felt that off-label prescribing is needed as more than 80% of the psychiatric diagnosis by DSM-V have no Food and Drug Administration (FDA) approved medications. Some examples include – prazosin, memantine, clonidine, quetiapine, propranolol, benzodiazepines etc. These medications are usually used as adjuncts with other psychotropic medications.

Plaintiffs, the Class, Class Members, or Members of the Class: All children in Children's Division foster care custody who presently are, or in the future will be, prescribed or administered one or more Psychotropic Medications while in state care. Legal representatives of the plaintiff class include attorneys from Children's Rights, the National Center for Youth Law, Saint Louis University School of Law Legal Clinics, and Morgan, Lewis & Bockius.

Psychotropic Medication: Pharmaceutical drugs included in the following drug classes: (1) Antipsychotics, (2) Antidepressants, (3) Lithium, (4) Stimulants, (5) Alpha agonists (e.g., clonidine or guanfacine), (6) Anxiolytics/hypnotics (e.g., benzodiazepines and nonbenzodiazepines), and (7) Anticonvulsants/mood stabilizers.

Qualified Psychiatrist: A board-certified child and adolescent psychiatrist identified by CD to, among other duties, conduct medication reviews as described in this Agreement. As set forth in this Agreement, the role of the Qualified Psychiatrist may be filled by a board-eligible child and adolescent psychiatrist, or a board-certified adult psychiatrist.

Relative Provider: A grandparent or any other person related to another by blood or affinity or a person who is not so related to the Child but has a close relationship with the Child or the Child's family. The status of a grandparent shall not be affected by the death or the dissolution of the marriage of a son or daughter.

Resource Provider: Individuals providing foster care to children placed in the legal custody of CD in a foster family home or foster family group home. Consistent with 3 MO. REV. STAT. Chapters 210.565, 210.660 and 13 C.S.R. Chapters 35-60.010(1), this definition does not apply to residential placements and in-patient hospitals.

Statewide Clinical Consultant: The Entity identified by CD—the Center for Excellence in Child Well-Being—to coordinate medical and behavioral aspects of pediatric care for the Department.