Community Representation

Medical

Legal

Pharmacy

Behavioral Health

CEO/Vice-President

State Agency

Foster Parents/Children

Psychotropic Medication Advisory Committee

Annual Report

2024

Commitment of community members to the effective prescription and administration of psychotropic medications to children in foster care.

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Introduction

On June 17, 2017, The Children's Division (CD) became involved in litigation regarding the use of psychotropic medications for children/youth in foster care. The litigation was filed by Plaintiffs, on behalf of all children/youth in CD custody who then were, or in the future would be, prescribed or administered one or more psychotropic medications while in state care. The ligation process sought to make changes in how CD manages psychotropic medications and medical records for children/youth in its custody. CD collaborated with several public agencies to further address the needs of children/youth on psychotropic medication while in the custody of CD. Those best practice protocols were included in a Joint Settlement Agreement (Agreement), along with data measures.

On July 15, 2019, an order granting preliminary approval for the Agreement was issued. In addition to the preliminary approval, the order stipulated that all prospective class members and their legal representatives receive notice of the proposed Agreement. Any individual who had comments regarding the Agreement could write to Class Counsel and/or attend the fairness hearing.

On November 20, 2019, the fairness hearing for the Agreement was held in Kansas City, Missouri. The court reviewed any written/verbal comments to determine if the Agreement was reasonable, fair and adequate and should receive the court's final approval.

On December 5, 2019, the "Order Granting Final Approval of the Class Action Settlement" was signed and dated by United States District Judge Nanette Laughrey. The court retained jurisdiction of the Agreement for the purposes of enforcing the terms/requirements of the Agreement.

A requirement within the Agreement was to appoint and maintain a Psychotropic Medication Advisory Committee (PMAC). The Director of the Department of Social Services (DSS) appointed a Chairperson and Co-chair for the PMAC. In addition to the Chair and Co-Chair, the membership of the PMAC includes individuals from several distinct professions i.e., child and adolescent psychiatrist, pediatrician, attorneys, resource provider, and pharmacist.

The PMAC is required to prepare an annual report on the work of the PMAC and the progress of the Department of Social Services (DSS), MO HealthNet and Children’s Division towards implementing the projects/goals established by PMAC. The report will be presented to the Director of DSS by February 15, 2025, and published on DSS’s website. This annual report contains a summary of the PMAC's work for 2024.

PMAC Professional and Technical Consultation

During 2024, there were five (5) PMAC meetings, all of which were conducted virtually. The PMAC members/participants received a WebEx invitation with the agenda, the previous meeting minutes, and any documents that would be part of the PMAC meeting. A copy of each agenda was published as required by Missouri Sunshine Law on a State of Missouri website to serve as a notice to the public of the meeting and the topics. Following review and approval by the PMAC members, every meeting's agenda and meeting minutes were placed on the Psychotropic Medication Settlement Reports | Missouri Department of Social Services (mo.gov) website.

The PMAC was established to provide professional/technical consultation and policy advice to DSS, including Children's Division (CD) and the MO HealthNet Division (MHD) on the administration of psychotropic medications to children/youth in foster care. CD administers and manages several programs, including foster care. CD is the division responsible for developing, implementing, and monitoring the Agreement requirements related to psychotropic medications and children/youth in custody.

Missouri's Medicaid program is called MO HealthNet and may be referred to as MHD. The primary responsibility of MHD is to cover qualified medical costs for individuals who meet certain eligibility requirements. MHD's goal is to promote the overall good health of individuals, including children/youth. The prevention/treatment of illness and premature death is a primary objective of MHD.

The PMAC's professional and technical assistance for this year has consisted of updates from the PMAC Clinical and Education and Collaboration Subcommittees. The emphasis for each meeting has been on CD providing updates on Agreement requirements such as Data Validation, Data Sharing Reports, and current events related to the prescription/administration of psychotropic medications to children/youth in foster care.

PMAC Clinical Subcommittee

The PMAC's Clinical Subcommittee consist of a group of medical and clinical professionals with expertise in the prescription/administration of psychotropic medications. As defined in the Agreement, psychotropic medications refer to pharmaceutical drugs 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.

Each year the Clinical Subcommittee members in collaboration with representatives from the University of Missouri-Kansas City Drug Information Center review the current year's Excessive Dosage Guidelines (EDG). The reviews consisted of changes in psychotropic medication(s) and/or clinical practices affecting Food and Drug Administration-approved dosages, potential off-label use and limits for the off-label use, and the prescriptions of psychotropic medications greater than the approved dosage limits.

Through research and experience in medical practice, Clinical Subcommittee members have the ability to develop excessive dosage criteria recommendations for psychotropic medications that do not have approved dosage limits. The EDG is a culmination of the Clinical Subcommittee members efforts to complete a child welfare practice tool to ensure that the review of dosage limits for psychotropic medications can be implemented in an effective manner. The EDG contains the following tabs:

- Drug Listing: Lists trade names and Psychotropic Medications.
- Maximum Dose: Food and Drug Administration (FDA) approval or PMAC recommendation
- Details: Lists information that was utilized to create the Excessive Dosage Guidelines.
- Literature Review: Two documents that contain the Pediatric Psychopharmacology Dose Recommendations.

A review of the 2023 EDG is complete, and the Clinical Subcommittee members created the 2024 version on November 18, 2024. The PMAC Clinical Subcommittee Chair presented the 2024 EDG to the PMAC members. The 2024 EDG was approved by the PMAC members and was posted on the DSS website.

PMAC Education and Collaboration Subcommittee

The PMAC Education and Collaboration subcommittee developed and presented two interactive webinars for 2024. The interactive webinars were "Fetal Alcohol Spectrum Disorders from a Trauma Lens" and "Psychotropic Medication for Youth in Foster Care."

The "Fetal Alcohol Spectrum Disorders from a Trauma Lens" webinar was presented on July 10, 2024, and addressed the Fetal Alcohol Spectrum Disorder (FASD) and trauma-responsive approaches. Director of training for Families Rising Barb Clark began the webinar with a discussion on FASD. The impact of exposure to alcohol during pregnancy can have a strong influence on birth weight, facial anomalies, and growth issues. FASD's are a set of physical, behavioral, and cognitive disorders affecting people who were prenatally exposed to alcohol. FASD's are permanent disabilities that result in lifetime brain injury/damage.

On December 4, 2024, the "Psychotropic Medication for Youth in Foster Care" webinar was presented. Children's Division Health Information Specialist (HIS) Unit Review Manager Melissa Kenny provided an overview of the Agreement and how Children's Division has implemented the requirements within the Agreement. The primary topics of discussion were informed consent/assent, secondary reviews, training, and monitoring.

At the conclusion of the Agreement overview, a reference to the Psychotropic Medication Settlement webpage that contains a list of the topics and reports was provided to webinar participants.

In addition to the Agreement overview was a session geared towards members of the legal community. Associate Circuit Judge Sue Crane led the discussion of the Agreement requirements and how members of the legal community can become familiar with the origin/purpose of the Agreement and the impact of psychotropic medications on children/youth in foster care. Judge Crane, who is also the chair of the PMAC provided a review of the EDG which was developed and maintained with members of the PMAC.

Joining Judge Crane were attorneys Nick Mebruer and Nick Venute who are members of the PMAC and representatives in the legal committee. During the webinar, participants asked questions about the role of psychotropic medications and their impact on legal matters. The primary message from the members was the importance of consistent mentoring from all disciplines i.e., medical, social, and legal was needed to ensure children/youth on psychotropic medications receive proper treatment.

Participants in both webinars were able to interact via chat. Participants in the webinars were various members in the child welfare community i.e., medical, legal, resource providers, government agencies, and other unidentified disciplines.

These and the previous webinars are located on the DSS Interactive Webinars webpage.

Data Validation

The review of CD's data for the1st Semiannual Reporting Period (January 1, 2023 – June 30, 2023) is complete. The purpose of this reporting period was for CD to submit the data to the Data Validator who would review/analyze the data, set a current baseline for performance in each exit criterion and establish a single compliance percentage from a range of percentages. The Data Validator is required to prepare a report for the 1st Semiannual Reporting Period that sets forth the baselines and single percentages.

Upon receipt of the 1st Semiannual Reporting Period report CD and the Plaintiff's worked with the Data Validator to reach an agreement on the single percentages "Ultimate Percentage" for each exit criterion. CD and Plaintiff's agreed with the Data Validator's ultimate percentage determinations and the 1st Semiannual Reporting Period report was finalized and published.

CD provided a copy of the report to the members, prior to the meeting, an explanation of the data gathering process, the findings of each exit criterion and their ultimate percentage.

The Data Validator provided an overview of the validation process which consisted of instructions on how the Data Validator receives data and determines the size of the Sample of children/youth on psychotropic medications to be reviewed by CD. The Data Validator creates a randomized list for the Sample and a replacement list in the event a case from the randomized list needs to be changed. The Data Validator provided some basic information on how they comply with the Agreement requirements of confidence level and margin of error.

In addition to providing an update on Data Validation, CD conducted a brief presentation on the report which included some improvements and takeaways from the review of the report. A significant process for improvement was the statewide in-person trainings for CD/FCCM supervisors that focused on their role in the oversight of the prescription/administration of psychotropic medications to children/youth and the responsibilities of the CD case managers. Some of the highlights of the training were CD's Alternative Care Medical Review (ACMR) process and compliance with exit criteria. There were discussions on the informed consent process, an update that the "Informed Consent For Psychotropic Medication" form (Exhibit C in the Agreement) has been revised, and an emphasis on the importance of review and completion of this form. Another improvement included the development of a dedicated nurse within the Center for Excellence (CFE) to assist case managers with communication of psychotropic medication recommendations from CFE and collaborations with the Department of Mental Health to enhance behavioral healthcare for children/youth.

The primary takeaways from CD's review of the report findings was to review the margins of error for each exit criteria, conduct some edits to the ACMR, and obtain feedback from case managers/supervisors on the approach to collect and report data. PMAC members were advised to review the 1st Semiannual Reporting Period report 2023 and be prepared to discuss any questions or concerns during the next PMAC meeting.

During the following PMAC meeting an Open Discussion session was established for PMAC members to discuss any questions, concerns, or guidance regarding the 1st Semiannual Reporting Period report 2023. There were no questions, recommendations, or guidance at this time.

CD has provided e-mail to the PMAC members with this link Psychotropic Medication Settlement Reports | Missouri Department of Social Services (mo.gov) to inform any interested parties of the location of the Data Validator report.

Data Sharing Report

In the *M.B. v. Tidball* Settlement Agreement, the chart depicted in Exhibit B (Exit Criteria and Date Sharing) contains the Data Sharing requirements. As part of the "Data Sharing" review, the Agreement requires CD to conduct three (3) surveys each year and provide semiannual reports on: Maintaining Medical Records, Accessing Medical Records, System Wide Utilization Data, and specific Healthcare Effectiveness Data and Information Set (HEDIS) measures.

As part of specific commitments for staff and training, each survey is sent to specific groups of recipients, and each for distinct purposes. The Case Management Staff survey is sent to CD and Foster Care Case Management (FCCM) staff to assess the case manager's ability to perform the duties assigned to them in policy regarding psychotropic medications. The Licensed Resource Providers and Prescribers surveys are designed to assess the availability of the case manager: to provide informed consent, to attend medical appointments, and be responsive and engaged during secondary reviews. The survey populations for Case Management Staff and Licensed Resource Providers consisted of a statistically representative sample of approximately 500 recipients. The Prescriber sample is based on Prescribers who prescribed a psychotropic medication to a child/youth in foster care from January 2024 – June 2024. The basis for the Prescriber sample is a valid e-mail address which resulted in more than 500 recipients. The surveys began in September 2024.

A general PMAC question raised during the survey discussion, was a request to know if there was a requirement for a specific number/ percentage of responses. Additionally, the question was raised asking if there had been any CD discussions on mandating participation in the survey for case managers. It was conveyed to the members that there is no Agreement requirement for a certain percentage of responses. Further, participation for all that receive the survey is voluntary. The Agreement requirements are specific only to a statistically representative sample and posting the results of the survey.

The purpose of the Maintaining Medical Records and Accessing Medical Records semiannual reports is to describe the current status on CD's goal to obtain a medical records system, authorized access to the system for specific members of the child/youth's treatment team, progress made towards the goal, and the Division's forthcoming efforts. The semiannual reports for the System Wide Utilization data, and HEDIS measures contain data on specific criteria that is required to be published on the DSS or CD website.

CD has provided e-mail to the PMAC members with this link Psychotropic Medication Settlement Reports | Missouri Department of Social Services (mo.gov) to inform any interested parties of the location of the Data Sharing reports.

Hospital Alert System

A consistent topic that has been discussed previously during the PMAC meetings has been the prescription/administration of psychotropic medications to children/youth in hospital settings. The center of the discussions is that children/youth in a hospital are more than likely in crisis and can present with severe mental health needs and/or aggressive behaviors that potentially pose a risk to themselves, other patients, and hospital staff. The ability to administer medication in a timely manner during such emergencies is crucial to providing appropriate care and services. A primary service that drives the delivery of psychotropic medication in a hospital is the informed consent process.

Informed consent is the agreement to any medical or behavioral health treatment (such as a medical service or procedure) given after the child/youth, parent, and/or legal custodian has had the opportunity to receive sufficient information about its risks, benefits, and possible alternatives. Consent must be given, after receiving all necessary information, based upon what is in the best interests of the child/youth. In accordance with CD's policy requirements, while children/youth are in the custody of CD, the case manager shall be primarily responsible for granting informed consent for their care, unless an alternative consenter has been appointed by the Court.

PMAC members and participants have been involved in several conversations about the informed consent process and how the process can create delays in the hospital staff's ability to obtain authorization to prescribe/administer psychotropic medication(s). The conversations have focused around collaborating with all parties involved (hospital staff via representatives from the Missouri Hospital Association and Royal Oaks Hospital at Compass Health, CD staff, CFE, and resource providers) to streamline communications and facilitate timely responses in hospital situations.

CD has determined that there should be a new platform for tracking and monitoring children/youth in CD custody that are entering hospitals. Through various group efforts a platform has been chosen. This platform will provide alerts to the CD case manager in real-time that a child/youth assigned to their caseload is in a hospital emergency room and/or inpatient setting. CD is currently working on the initial stages to begin implementation of the platform.

During prior PMAC meetings, members and participants agreed that a real-time hospital alerts system would be beneficial and could improve communications between hospitals and CD staff. Another important part of the process is an evaluation of the child/youth's medication(s) upon discharge from the hospital and identifying methods that ensure the child/youth has continued access to that medication for at least 60 – 90 days following discharge.

CD has mentioned that the goal of the new alert system is CD has made it a continuing goal to improve the medication management and informed consent processes in hospital situations (emergency, inpatient, and discharge), and the new hospital alert system is a significant step forward in achieving that goal.

Automatic Reviews

An Automatic Review is a quarterly review of all children/youth in CD custody who meet the following criteria:

1. Use of any Psychotropic Medication for a child age three or younger;

2. 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; and

3. A Child is prescribed a dose in excess of the Excessive Dosage Guideline

The Automatic Reviews are initiated by the Statewide Clinical Consultant (Center for Excellence (CFE)). A report that contains children/youth who meet the Automatic Review criteria is sent to CFE. When the CFE review is complete CFE staff send an email to a Health Information Specialist (HIS) who notifies the assigned case manager and supervisor that a case in their caseload has met the criteria for an Automatic Review. The case manager/supervisor will work with the HIS member to gather all of the information required for CFE to conduct the review.

When the Automatic Review is complete CFE will send the results and recommendations to the case manager/supervisors and HIS. The case manager is responsible for sharing recommendations with team members and Prescribers. A discussion regarding effective communication between the case manager and Prescribers was raised and the potential need for peer-to-peer consultations when sharing the recommendations. This issue of communication with Prescribers has been identified and CD has been messaging to case managers to talk to a nurse within CFE to get additional support and education.

CFE send a follow-up email with a survey to the case manager for review and completion. The purpose of the survey is to determine the utilization of the CFE recommendations.

The completion rate for Automatic Reviews has been consistent; however, the ability to obtain required medical records has been the primary issue with incomplete reviews.

CD has presented the Automatic Review criteria and process during a PMAC meeting and has consulted with various medical professionals within the community. In 2024, CD did not propose and/or submit to the PMAC any changes to the Automatic Review criteria.

Behavioral Healthcare

As part of ongoing efforts to inform the PMAC members of current events, CD has presented and discussed the project status pertaining to mental/behavioral health services for children/youth in Missouri. In July 2023, the DSS and Department of Mental Health contracted with the Center for Health Care Strategies to conduct an environmental scan to assess the behavioral healthcare services available to children/youth.

The scan is complete and the recommendations from the Center for Health Care Strategies have been provided to the Children's Mental Health Collaborative (Collaborative). The Collaborative has identified the next steps which include:

- Identifying DSS priorities
- Coordination of Project Planning
- Blending a Continuum of Care Team
- Developing Action Steps

The project has been structured in phases with phase 1 priorities consisting of:

1. Building collaborative cross system structures to ensure alignment at all levels and increase stakeholder engagement.
2. Expanding capacity for key Home and Community-Based Services (HCBS) for children/youth with behavioral health needs.
3. Developing mobile response and stabilization services for children/youth and the families.
4. Providing intensive care coordination using a high-fidelity wraparound model for children/youth and their families.
5. Investing in and strengthening school-based mental health services.
6. Redesigning residential care.

Some of the action steps within the project will be work on efforts to address various identified service gaps such as: the capacity to provide HCBS for children/youth with assaultive and/or sexualized behaviors, the lack of adequately trained providers, and stabilizing mid-level transition services. Implementing a standardized assessment/eligibility process and improving oversight, accountability, and tracking are the primary objectives in the pursuit to generate positive outcomes.

CD continues to work with the Missouri's Managed Care Specialty Plan provider, Show Me Healthy Kids (SMHK), and the University of Missouri's Center for Excellence staff to assess mental/behavioral health services and maximize supports.

Summary

At the end of each year the PMAC members and CD collaborate to develop the PMAC annual report. The report is a summation of the PMAC's professional/technical consultation provided to CD and MHD.

The annual review from the University of Missouri-Kansas City Drug Information Center and the PMAC Clinical Subcommittee is complete. The clinical experts have revised the EDG for 2024 and received approval from the PMAC.

The PMAC Education and Collaboration Subcommittee continues to provide assistance with the interactive webinars. The chair of the subcommittee resigned from the PMAC mid-year and the PMAC is working to obtain a new chair for 2025.

The PMAC's primary emphasis this year has been on conversations with CD regarding CD's progress with the Agreement requirements i.e., Data Validation, informed consent, and updates on current events pertaining to psychotropic medications for children/youth in CD custody. CD's objective is to seek professional guidance from the PMAC members and develop processes to improve psychotropic medication prescription and administration for children/youth in foster care.