Community Representation

Medical

Legal

Pharmacy

Behavioral Health

CEO/Vice-President

State Agency

Foster Parents/Children

Psychotropic Medication Advisory Committee

Annual Report

2025

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), Children's Division (CD), and MO HealthNet (MHD) towards implementing the projects/goals established by PMAC. Representatives from CD and MHD coordinate and attend the meetings. The report will be presented to the Director of DSS by February 15, 2026, and published on DSS's website. This annual report contains a summary of the PMAC's work for 2025.

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 2024 EDG is complete, and the Clinical Subcommittee members have created the 2025 version. On October 27, 2025, the PMAC Clinical Subcommittee Chair and CD HIS Manager discussed the specific medication changes and shared a visual of the changes in the 2025 EDG to the PMAC members.

A motion was introduced and seconded for the PMAC members to vote on approval of the 2025 EDG. The 2025 EDG was approved by the PMAC members and was posted to the DSS website on November 16, 2025.

Data Validation

The Agreement requires CD to award a contract to a third party contractor (Data Validator) for conducting data validation services. The Data Validator's purpose is to verify and report on a semiannual basis CD's compliance with Exit Criteria contained in "*Exhibit B M.B. v. Tidball Settlement Agreement: Exit Criteria and Data Sharing."* CD provides an Exit Criteria performance report to the Data Validator team on a semiannual basis. The Data Validator reviews the performance report and creates a report based on their findings. During this year, CD has provided PMAC members with an update on the Data Validator's reports and CD efforts to address Exit Criteria.

CD presented Exit Criteria compliance data from the July 1, 2023 - December 31, 2023, and the January 1, 2024 – June 30, 2024 Data Validator reports and provided steps to obtain compliance for any non-complaint Exit Criteria. The steps included CD's continued efforts to communicate to staff the CD Supervisors' roles and responsibilities to provide oversight, monitoring and tracking of children and youth on psychotropic medications, medical policy, and fostering a partnership with SMHK who provides assistance to obtain prior medical records for children and youth entering care. HIS and SMHK share additional data sharing and oversight tools on a monthly and quarterly basis. HIS staff attends quarterly meetings with circuits and FCCM agencies.

Exit Criteria 18 is a particular concern since compliance is determined by looking at 17 different factors, and if any one of the 17 is not complete the entire Exit Criteria is non-complaint. CD has also focused the 2024 annual in service training for both foster parents and case managers on informed consent procedures and requirements. HIS has messaged to staff that in person informed consent trainings can be conducted upon request.

During a PMAC meeting, the question was raised if CD had to be in compliance with every Exit Criteria for a certain amount of time before they are able to exit out of the Agreement. CD explained that the Exit Criteria are separated into two groups and CD must be in compliance with all Exit Criteria within that group for 18 consecutive months to be able to exit out of the requirements in that group.

The Agreement indicates that if there are two consecutive reporting periods where CD is non-compliant with any of the Exit Criteria, CD is required to create a Corrective Action Plan (CAP). The purpose of the CAP is to outline what strategies CD is implementing or plans to implement to improve performance on each of the non-compliant Exit Criteria. When the CAP is formalized, CD provides a copy to the plaintiffs and will attempt to implement that CAP. If CD is unsuccessful in improving performance after a period of time, the Agreement calls for CD to create a list of actionable steps that would be presented to the PMAC for review and consultation.

CD has provided 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 Reports

In the Agreement, the "*Exhibit B M.B. v. Tidball Settlement Agreement: Exit Criteria and Data Sharing"* chart contains the Data Sharing requirements. As part of the "Data Sharing" review, CD is required 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.

Each survey is sent to a specific group of recipients for separate purposes. The Case Management Staff survey is sent to CD and Foster Care Case Management staff to assess the case manager's ability to perform the duties assigned to them regarding psychotropic medications. The Licensed Resource Providers and Prescribers surveys are designed to assess the availability of the case manager for providing informed consent, medical appointments, and engaging in secondary review. 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 medical professionals who prescribed a psychotropic medication to a child/youth in foster care from January 2025 – June 2025. The basis for the Prescriber sample is a valid e-mail address which resulted in more than 500 recipients. The surveys began in September 2025.

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, establish authorized access to the system for specific members of the child/youth's treatment team, progress made towards the goal, and any 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 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.

Automatic Reviews

The Automatic Reviews are initiated by the Statewide Clinical Consultant, The Center for Child Well-Being (The Center). An Automatic Review is a quarterly review of all children and 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 Center conducts a review to determine which cases will be included in the Automatic Review process. The Center will 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 The Center to conduct the review. The Agreement requires CD to provide the data within 10 business days from receiving the notice that a case has been selected for a review.

When the Automatic Review is complete, The Center 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. During a PMAC meeting, there was a discussion about establishing effective communication between the case manager and Prescribers. A suggestion was that peer-to-peer consultations when sharing the recommendations could be beneficial. CD has been collaborating with The Center to improve communications with Prescribers and has been messaging to case managers to talk to a nurse within The Center to get additional support and education. CD has reported the following completion rates:

- Quarter 4 2020 144 cases reviewed 96.5% completed
- Quarter 1 2021 713 cases reviewed 76.2% completed
- Quarter 4 2022 579 cases reviewed 85.1% completed
- Quarter 4 2023 697 cases reviewed 91.2% completed
- Quarter 4 2024 627 cases reviewed 91.7% completed
- Quarter 2 2025 776 cases reviewed 83.4% completed

The completion rate for Automatic Reviews has fluctuated due to changes in medication classifications and the ability to obtain required medical records. PMAC members inquired about the ability to review changes to the 10 business day requirement. The topic was scheduled for future PMAC meeting discussions.

CD has presented the Automatic Review criteria and process during a PMAC meeting. In 2025, CD did not propose and/or submit to the PMAC any changes to the Automatic Review criteria.

Children's Division

CD has selected a PMAC point of contact within the HIS unit who is the organizer of the PMAC agenda/meeting invitations and oversees/maintains the PMAC member list. During each PMAC meeting, the PMAC point of contact provides an update on PMAC membership changes, efforts to recruit new members, and replace members who have resigned.

CD has provided updates on administrative changes within CD's leadership team. The new team members representing the CD Director and CD Deputy Director attended a meeting and provided insight on CD's commitment to improving the CD staff recruitment and retention. A state legislative proposal in the new FY26 budget included a 1% pay raise for CD staff and a years of service pay differential. The proposal was passed and established a firm commitment to improve the career opportunities for state employees.

CD has informed the PMAC that the HIS Unit was restructured and there are 3 dedicated HIS reviewers that complete the Alternative Care Medical Reviews (ACMR). The ACMR's provide the performance data sent to the Data Validator for review of the Exit Criteria. The PMAC members were informed that an updated roles and responsibility document (HIS-Circuit Map) has been posted on the Department's Psychotropic Medication Settlement webpage.

The HIS Unit has 6 new staff allocations to create the Informed Consent HIS unit. HIS will provide direct assistance and oversight to case managers regarding informed consent procedures and documentation under a new supervisor who will help implement this new initiative which has been posted.

CD has provided an update to the PMAC members about the online Hospital Industry Data Institute (HIDI) platform. HIDI has the capabilities to track a majority of the children and youth who enter a hospital emergency department and/or are admitted as an in-patient for behavioral healthcare. The HIDI platform can provide access to medical information and documents to any of authorized individuals.

PMAC Professional and Technical Consultation

During 2025, there were at least four (4) quarterly meetings, all of which were conducted virtually. The PMAC members and other participants received a Microsoft Teams 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, with the exception of the October meeting, wherein the minutes for that meeting will be voted on for approval in January 2026.

The PMAC was established to provide professional and technical consultation and policy advice to DSS, including CD and MHD on the administration of psychotropic medications to children and 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 and youth in custody.

During the year, a new PMAC Education and Collaboration subcommittee chair was selected, and the meetings were held to discuss topic ideas for annual training and webinars.

The PMAC's technical assistance for this year has consisted of a discussion led by the PMAC Chair on a project based on the Agreement's psychotropic medication requirements and the impact on the legal community. The project included a bench card for judges and a packet of information for Guardians ad Litem and parents' attorneys. The PMAC Chair presented the project's flowchart during a meeting and requested a review and feedback from PMAC members and non-members. The members and non-member participants provided general feedback; however, the overall request was to conduct a comprehensive review of the project, including the flowchart and discuss the recommendations with the PMAC Chair.

The professional assistance 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, Automatic Reviews, and current events within CD related to the administration of psychotropic medications to children and youth in foster care.