

System Wide Utilization Data Report

The Missouri Department of Social Services publishes a semiannual report on System Wide Utilization data as part of the Joint Settlement Agreement resulting from the *M.B., et al.v. Tidball, et al., Civil Action Number 2:17-cv-04102-NKL* lawsuit filed in the United States District Court, Western District of Missouri, Central Division. This report documents the data measured from July 2025 through December 2025 as agreed upon in Exhibit B of the Settlement Agreement entitled: "System Wide Utilization Data."

Data for this table was created on February 17, 2026	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025
Children in Foster Care under age 18	10204	10370	10609	10703	10775	10869
Children under the age of 18 in foster care who filled a prescription for a psychotropic medication with a day's supply greater than 4 days during the (monthly) reporting period. ¹	2648	2638	2696	2759	2739	2743
Percent of children under the age of 18 in foster care who filled a prescription for a psychotropic medication with a day's supply greater than 4 days during the (monthly) reporting period. ¹	25.95%	25.44%	25.41%	25.78%	25.42%	25.24%
Children age 3 or younger who filled any psychotropic medication with a day's supply greater than 4 days during the (monthly) reporting period. ^{1,2,5}	43	41	39	43	32	30
Children age 4 -17 who utilized 3 or more psychotropic medications for 90 days or more with a day supply of greater than 4 days. ^{1,2,3,4,6}	592	583	567	582	581	552
Children age 4 -17 who utilized 2 or more antipsychotic medications for 90 days or more with a day supply of greater than 4 days. ^{1,2,3,4,7}	15	17	18	20	22	18
Children age 4-17 who utilized multiple prescribers for psychotropic medications for 90 days or more with a day supply of greater than 4 days. ^{1,2,4,8}	105	91	84	86	81	60

System Wide Utilization Report Footnotes

1. Psychotropic drugs include Antipsychotics, Antidepressants, Lithium, Stimulants, Alpha agonists (e.g., clonidine or guanfacine), Anxiolytics/hypnotics (e.g., benzodiazepines and nonbenzodiazepines), and Anticonvulsants/mood stabilizers. Prescriptions written for fewer than 5 days were associated with medications such as a benzodiazepine to help the child prepare for a planned medical or dental procedure.
2. Age calculated on the last day of the month.
3. Children were allowed up to a 10-day grace period to allow for early or late refills of medication.
4. The use of multiple psychotropic medications may lead to potentially harmful conditions for the child: too many of the same type of drug, drug interactions, or overmedication. However, there are a number of scenarios where multiple psychotropic medications are appropriate when closely monitored by the physician and Children's Division.
5. Children's Division requires a recommendation from a Qualified Psychiatrist about initiation of a psychotropic medication for a child aged 3 or younger, prior to making a determination regarding informed consent.
6. Children's Division requires a recommendation from a Qualified Psychiatrist about initiation of three or more psychotropic medications for a child age 4 -17, prior to making a determination regarding informed consent.
7. Children utilizing two different strengths of the same medication are not included in the report to allow the provider to change dosing as needed.
8. Multiple prescribers for this report are identified by the prescriber ID on the pharmacy claim processed by MO HealthNet Division. Children's Division requires that a recommendation from a Qualified Psychiatrist as to whether or not consent should be granted is obtained prior to informed consent for initiation of any psychotropic medication by multiple prescribers. Children's Division is aware that multiple prescribers may be indicated in a patient's claims history if there are multiple prescribers in a single practice coordinating care for the child.