Community Representation

Medical

Legal

Pharmacy

Behavioral Health

CEO/Vice-President

State Agency

Foster Parents/Children

Psychotropic Medication Advisory Committee

Annual Report

2022

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.
During this year, the PMAC accepted new members for the representative of the Statewide Clinical Consultant, mental health provider with experience working with children and adolescents, and attorney who represents parents of children/youth in foster care. Also, a representative of the Show Me Healthy Kids Managed Care Specialty Plan was added as a new member. A new representative for the Department of Mental Health (DMH) was accepted; however, that member has resigned and CD has been attempting to locate a new DMH representative.

The PMAC is required to prepare an annual report outlining the PMAC’s work and progress made by CD towards implementing the projects/goals established by PMAC, The report will be presented to the Director of DSS by February 15, 2023 and published on DSS’s website. This annual report contains a summary of the PMAC's work for 2022.

PMAC Professional and Technical Consultation

The Agreement indicates that the PMAC would meet on a quarterly basis. During 2022, there were four (4) meetings, all of which were conducted virtually. Each meeting was scheduled for three (3) hours. 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 DSS website as: PMAC Agenda and Minutes.

The PMAC was established to provide professional/technical consultation and policy advice to DSS, including CD and the MO HealthNet Division (MHD) on the administration of psychotropic medications to children/youth in CD's custody and in foster care. The primary focus of the PMAC for this year has been the provision of various professional and technical projects. These projects were in collaboration with CD and MHD, both of which provide a host of essential services to Missouri citizens. One of CD's responsibilities is the administration and management of the programs for children/youth who are in the legal custody of the state. CD is the main 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. MO HealthNet is another division within the Department of Social Services and may be referred to as MO HealthNet Division (MHD). MHD's primary responsibility is to cover qualified medical costs for individuals who meet certain eligibility requirements. MHD's goals are to prevent/treat illness and premature death, correct or limit disability, and to provide rehabilitation to persons with disabilities. MHD promotes overall good health of individuals, which includes the prescription and administration of psychotropic medications.

The PMAC has been in effect since 2019 and a core component of the meetings is the focus on facilitating effective communications and dialogue between PMAC members, CD, MHD, and other participants to meet the requirements in the Agreement. A key function of the PMAC is the PMAC Clinical Subcommittee and their work on the Excessive Dosage Guidelines.

PMAC Clinical Subcommittee
(Excessive Dosage Guidelines)

The Agreement requires a review of any prescriptions and the administration of psychotropic medications to determine if the medication exceeds certain guidelines. As defined in the Settlement, 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.

The development and implementation of these certain guidelines requires advice from and consultation with medical and clinical experts. The PMAC members recognized the need for a subcommittee and followed the requirements in the Agreement to create a Clinical Subcommittee of the PMAC. The PMAC's initial Clinical Subcommittee members consisted of a Chair, who is a Child and Adolescent Psychiatrist and member with the Statewide Clinical Consultant, Pediatrician, two Pharmacists, two Child Psychiatrists, and a Clinical Psychologist. This committee researched, reviewed and developed the first Excessive Dosage Guidelines in 2020. The Excessive Dosage Guidelines contain 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.
- Definitions: Lists the meaning of words and abbreviations contained in the Excessive Dosage Guidelines and contains links to convert medication dosages that are prescribed and administered based on the weight of the child.

The criteria within the Excessive Dosage Guidelines will change from time to time based on advancements in medical science, the development of new medications, changing clinical practice, and other considerations. The clinical subcommittee is required to review the criteria in the Excessive Dosage Guidelines at least annually.

In order to remain current, MO HealthNet contracts with the University of Missouri – Kansas City Drug Information Center to periodically review the latest scientific literature for changes in dosages and new psychotropic agents approved by the Food and Drug Administration (FDA). The 2021 Excessive Dosage Guidelines were sent to the University of Missouri – Kansas City Drug Information Center for review. The Drug Information Center sent their findings and recommendations to the Clinical Subcommittee Chair. The proposed changes were sent to the Clinical Subcommittee members for review. The Clinical Subcommittee discussed each recommended change and revised the Excessive Dosage Guidelines accordingly. The PMAC Clinical Subcommittee Chair presented the 2022 Excessive Dosage Guidelines to the PMAC. The new Guidelines were approved by the PMAC members and posted as the 2022 Excessive Dosage Guidelines on the DSS website in August 2022.

The Excessive Dosage Guidelines are the culmination of the collaborative efforts of several dedicated professionals whose focus is on strengthening the clinical practice of prescribing and administering psychotropic medications. In the same vein of these dedicated professionals are those who are members of the PMAC Education and Collaboration Subcommittee.

PMAC Education and Collaboration Subcommittee (Interactive Webinars)

The PMAC Education and Collaboration subcommittee was established in March 2021. The purpose of this subcommittee is to engage, educate, and collaborate with the Missouri child welfare community, including but not limited to medical providers, resource parents/providers, CD staff, attorneys and court personnel. The members within the subcommittee are individuals in the medical, legal, behavioral health, business management (CEO) and state agency (CD) disciplines. This subcommittee has adopted the goal to provide two interactive webinars on psychotropic medications for community members involved in providing child welfare services to children/youth. In 2022, the PMAC Education and Collaboration Subcommittee hosted the "Problematic Feeding Behaviors and Metabolic Effects of Psychotropics" and the "Psychotropic Medication for Youth in Foster Care" webinars.

The "Problematic Feeding" part of the first webinar was presented by a Dietitian/Nutritionist from the Washington University School of Medicine. The goal was to discuss problematic eating/feeding behaviors for children/youth who have experienced trauma and to provide some strategies to recognize and address these behaviors. The presentation included information about how a history of trauma increases the risk of eating disorders and recognized that individuals who are directly involved in the care of child/youth often receive only minimal training on nutrition. A significant message in the presentation was mention of a nutritional model that emphasized that a reliable mealtime structure and pleasant environment for eating were just as important as the nutritional value of the food. One of the ultimate aims of the presentation was to promote the need to assist children/youth in these situations with restoring a healthy relationship with food.

The "Metabolic" part of the first webinar was presented by a Child/Adolescent/Adult Psychiatrist from Compass Health. The discussion was related to metabolism and psychotropic medication. This presentation primarily focused on mental/behavioral disorders, psychopharmacology, and metabolic syndrome. The prevalence of mental/behavioral health issues such as Attention Deficit Hyperactivity, Conduct, and Anxiety Disorders tend to be chronic, disabling and complex to treat. The treatment plan for these disorders may be use of psychopharmacology which should follow the general principles of starting the medication slowly, going slowly with the dosage and evaluating the benefits and risks of the medication. The final discussion was how the side effects of psychotropic medications could contribute to metabolic syndrome. Metabolic syndrome consisted of co-occurring chronic conditions i.e., obesity, high blood pressure which increase the likelihood of poor health. The focus of this part of the presentation was the need to provide consistent education to parents regarding psychotropic medication use for their child/youth.

The second webinar was structured as a free-form question and answer session with two moderators and two panel members. The focus was to provide information about oversight of psychotropic medication use in foster care and its relationship to members of the legal community. This was an innovative approach to the webinar that included an Associate Circuit Judge and CD representative as moderators and a panel of two attorneys, one specializing in parental concerns and the other in child/youth issues. The Associate Circuit Judge and the attorneys have a combined total of over 50 years of experience in the legal matters for parents and children/youth. Their expertise was a vital component in the exchange of information between the moderators, panel members, and webinar participants. This webinar broached a range of topics such as; the Joint Settlement Agreement and CD's requirements within the Agreement, the renewed emphasis in the legal community on the administration and prescription of psychotropic medication, informed consent for psychotropic medication, and the use of the Excessive Dosage Guidelines in the legal community. During the webinar, participants asked questions about the role of psychotropic medications and their impact on legal matters such as reunification. The comfortable nature of the webinar could be described as a type of conversation between colleagues at a local coffee shop. In the end, the primary message from the moderators and the panel members was that advocacy was an important part of the legal services provided by these professionals. The panel members listed contact information for participants who may have any additional questions or comments.

Automatic Reviews

In addition to the PMAC's work/projects through the subcommittees, there are other specific functions of the PMAC mentioned in the Agreement. One such function is the consultation with CD and the Statewide Clinical Consultant to establish the psychotropic medication Automatic Review Criteria for selecting cases for Automatic Reviews.

The current Automatic Review Criteria are established and have been in effect since December 2020. The Automatic Reviews are initiated by the Center for Excellence (CFE), who is the Statewide Clinical Consultant, on a quarterly basis when the child meets 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

CFE reviews a report that contains the Automatic Review Criteria for all children/youth in foster care on psychotropic medications. CFE will email a Health Information Specialist (HIS) a link to cases that meet the Automatic Review Criteria. HIS will notify the assigned case manager and supervisor and will gather information needed for review with assistance from the case manager. HIS has ten (10) business days to submit all documentation to CFE. CFE sends recommendations to HIS, case manager and supervisor. HIS will follow up with an email to case manager and supervisor regarding any recommendations that suggest a change is needed. The case manager is responsible for sharing recommendations with team members and prescribers. CFE sends follow-up email/survey to the case manager for completion.

The Agreement acknowledges that the criteria for identifying cases for Automatic Reviews could change based on research and new developments in the prescription and administration of psychotropic medications. CD has the ability to add additional criteria for Automatic Reviews at any time. CD has provided the PMAC members and CD's own stakeholder community members committee (Healthcare Coordination Committee), which includes various medical professionals, with presentations on CD's Automatic Review Criteria and process. In the event CD would like to alter or discontinue any of the minimum Automatic Review Criteria (except for any information contained in the Excessive Dosage Guidelines) CD would need to provide the request to the PMAC members. During the January 24, 2022 and April 25, 2022 PMAC meetings, CD presented/discussed the Automatic Review Criteria and did not propose any changes to the Automatic Review Criteria. CD and CFE are evaluating the data derived from their reviews to establish trends and incorporate ways to utilize the data to facilitate effective prescription and administration of psychotropic medications.

Managed Care Specialty Plan Overview

Effective July 1, 2022, Missouri moved from a healthcare delivery system administered by three different managed care plans to a single specialty managed care health plan for children in foster care; children covered under an adoption or legal guardianship subsidy; and foster care alumni who are eligible for extended Medicaid coverage to age twenty-six (26). Prior to this change, all behavioral health services were carved out to fee-for-service Medicaid for this state care and custody population. The goal of the specialty managed care plan is to establish a trauma-informed, comprehensive and integrated behavioral health and physical health system that addresses the unique and complex needs of children involved in the child welfare system and across multiple child-serving systems. Home State Health was awarded the contract and administers the new specialty plan called Show Me Healthy Kids (SMHK).

The SMHK plan offers an enhanced package of behavioral health services in comparison to the general managed care plans and the fee-for-service program. The SMHK plan includes intensive outpatient, partial hospital programs, and emergency department and inpatient diversion/stepdown services, which are covered as in lieu of services/settings. In addition, the SMHK plan covers residential treatment and treatment foster care for members in foster care or receiving adoption or guardianship subsidy. The SMHK plan also offers a host of additional benefits for their members, including memberships to Girl Scouts, Boy Scouts, YMCA, 4H, Girls on the Run, or Boys and Girls Club; a free cell phone pre-programmed to access providers, care managers, the nurse helpline; enhanced non-emergency transportation; Weight Watchers membership; The Waves Program for asthma control; Baby Showers for Mom; and the Pacify app for pregnant members. Home State Health is currently making the additional health benefits available to their general Medicaid membership available to SMHK members, however a more tailored offering of additional health benefits for SMHK members will begin January 1, 2023.

All children/youth enrolled in the specialty plan are eligible for care management. The SMHK care management program, activities, and services supplement and do not duplicate the case management and care coordination provided by CD and other service providers. SMHK assigns each member to a care management tier based on risk factors such as behavioral health hospitalization, a newly diagnosed condition, the prescription of a psychotropic medication, and more. The child's assigned tier determines the level and intensity of care management. SMHK care managers and clinical staff support the Division's oversight of children and youth prescribed psychotropic medication by monitoring pharmacy utilization, identifying outlier prescribing practices, and conducting peer-to-peer consultations when prescribing practices fall outside established clinical practice guidelines.

An overview of the SMHK has been presented to the PMAC, and opportunities for SMHK to assist CD with medical records collection for foster care members have been discussed. The assistance with medical records provides information related in part to access and maintaining medical records as required by the Joint Settlement Agreement. Additional opportunities for SMHK care managers to provide support to CD have also been discussed. The SMHK Pharmacy Director has also been added to PMAC membership.

Joint Settlement Agreement Data Sharing Reports

In addition to the specific PMAC commitments in the Agreement, CD has other Agreement related requirements. One of the major requirements is Data Validation, which obligates 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."* The Data Validator will issue written reports pursuant to the Guidelines set forth in the Agreement for Data Validation.

Although Data Validation and reporting is a requirement conducted through the contracted service, CD echoes the PMAC's message that communication and collaboration should be the focal points of each PMAC meeting. There are various PMAC members and participants who are involved in some of the Data Validation reviews and attend the PMAC meetings. Several of these reviews are within the Agreement and have been listed as "Data Sharing" items in "*Exhibit B M.B. v. Tidball Settlement Agreement: Exit Criteria and Data Sharing"* chart.

As part of the "Data Sharing" review the Agreement requires CD to provide semiannual reports on Maintaining Medical Records, Accessing Medical Records, System Wide Utilization data, and specific Healthcare Effectiveness Data and Information Set (HEDIS) measures. These reports are required to be published on the DSS or CD website.

Furthermore, the Agreement requires CD to conduct three (3) surveys each year. The surveys are sent to the following group of individuals:

1. Case Management Staff (CD and Foster Care Case Management (FCCM) staff)
2. Licensed Resource Providers
3. Prescribers

During the development of each survey, all of the survey questions were created and reviewed by various subject matter experts within CD and FCCM staff who specialize in the review of psychotropic medication for children in foster care. This year CD decided to expand the review of the survey questions to PMAC members. CD provided examples of the survey questions to members and participants for review and comment. Based on the comments received, CD revised the questions for the 2022 annual survey.

CD is required to publish on its website an annual report on the results of the Case Management Surveys. In an effort to notify any required and/or interested parties, CD has informed the PMAC members and participants of the location of these reports.

As part of CD's ongoing efforts for communication, on April 14, 2022, CD sent an e-mail with a link to the reports page https://dss.mo.gov/reports.htm to the PMAC members and participants. In addition, a reminder of the reports was discussed on April 25, 2022.

On July 25, 2022, CD discussed the current actions between CD, the Data Validator and the Plaintiffs on the constant work to develop an agreed upon template that would provide the format for reporting CD's performance on each Exit Criteria. This template is the beginning stages of the Data Validation reviews.

Oracle/Cerner Pilot Project Expansion

CD is reviewing the Oracle/Cerner Corporation's HealtheIntent platform that contains the longitudinal record and Foster Children Registry within the HealtheIntent platform. This platform is from the following sources: Lewis And Clark Information Exchange (LACIE Public Exchange), Medicaid Management Information System (MMIS) Claims (Wipro Infocrossing, Inc.), and Family And Children's Electronic System (FACES).

The HealtheIntent platform is a shared computing service that combines health data from different healthcare systems. The prospective plan is to have this platform receive additional data from hospital Electronic Medical Records (EMR), ambulatory EMRs, medical/pharmacy claims, and laboratory data. The HealtheIntent platform creates a record containing information that supports programs for decision support, quality measurement, and analytics for population health management.

CD has been in discussions with the Oracle/Cerner Corporation about the feasibility and cost-effectiveness of establishing the HealtheIntent platform statewide. CD stands firmly in the belief that an entirely electronic system is the best approach for continuity of care for children in foster care. This project was presented to the PMAC members with a request for discussion and feedback. PMAC members offered their expertise, guidance, and assistance to CD in the review and development of the Oracle /Cerner platform and any other medical records system projects.

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 PMAC meetings provide a format for conversations related to any PMAC work/projects generated from their consultation efforts. During each meeting the PMAC members, CD, and MHD present and discuss the steps towards implementing specific PMAC and DSS projects.

CD and MHD have been very pleased to be a part of the PMAC Clinical Subcommittee's work and the success of their project, the "Excessive Dosage Guidelines." Since its inception in 2020, the Excessive Dosage Guidelines have been the cornerstone of the PMAC's efforts to improve psychotropic medication use for children/youth in foster care. During each meeting dialogue between members and participants generates several positive comments about the utilization of the Excessive Dosage Guidelines in various disciplines. These comments have initiated a quest to quantify the effectiveness of the Guideline. There have been recent discussions within the PMAC, on the development of a survey in 2023, to assess the impact of the Excessive Dosage Guidelines in the community. The prospect of a survey has generated some enthusiastic and energetic discussions on the analysis and potential use of the survey results. CD and MHD are extremely appreciative of the dedication and hard work of the PMAC Clinical Subcommittee to create and maintain the Excessive Dosage Guidelines. The success of the PMAC Clinical Subcommittee has generated the creation of the PMAC Education and Collaboration Subcommittee.

A requirement within the Agreement is that CD provides at least two interactive webinars each year. PMAC members recognized this requirement and created the PMAC Education and Collaboration Subcommittee to share their own collective knowledge, expertise, and experience for each interactive webinar. Although this is a primary task within this subcommittee, there have been discussions to expand training opportunities to members of the child welfare community beyond the webinars. The PMAC has received recognition from CD for its organization and administration of the PMAC Education and Collaboration Subcommittee.

Each year produces a new set of unique workforce challenges for PMAC members and participants. Individuals from every discipline have been in one way or another affected by reductions in staff, increased workloads, structural and procedural changes, surges in medical needs, and limited resources. Some public and private entities within the community are inundated with vast amounts of work-related obligations and challenges. These types of situations can create an environment of frequent emergencies, alterations, and disruptions. It has been understood that the performance of the PMAC members' and participants' official duties keeps them very busy and time management is crucial to personal/professional health and success. The shared goal of improving the use of psychotropic medications remains the driving force behind the PMAC, CD, and MHD's collaborations.

A Word from the PMAC Chair

The PMAC is a unique creature. Formed as a result of a lawsuit settlement and advisory in its makeup, the committee is really more of a hybrid, as members actively participate in achieving the common goal of reducing psychotropic medication in foster children. The Excessive Dosage Guidelines subcommittee continues to stay on top of monitoring and advising as to its use. The Guideline itself, is breathtakingly easy to use and readily accessible. In addition, the Education and Collaboration subcommittee has successfully fulfilled the requirements set forth in the settlement agreement for the year 2022 and making plans for the future. The committee meetings themselves generate a roundtable of brainstorming every session. And all of this achieved on a voluntary basis.

When the question of continued challenges was put to the committee, three things emerged: education and communication; a centralized health information system; and encouraging a change in the mindset of prescribers. With education and the ability to effectively communicate across disciplines, mindsets can be changed but it will be up to those other stakeholders to be receptive. A centralized health information system, one readily accessible, that provides historical oversight for the foster child will also go a long way in effectuating that change. All of this can be summed up best by the comment of one member when she said, "If we don't get the stakeholders involved in thinking about the issues this group is already talking about then all we're really doing is just playing clean up." This, will be the continued focus of the PMAC as we move forward.