Community Representation

Medical

Legal

Pharmacy

Behavioral Health

CEO/Vice-President

State Agency

Foster Parents/Children

Psychotropic Medication Advisory Committee

Annual Report

2023

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/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 Division (MHD) and Children’s Division (CD) towards implementing the projects/goals established by PMAC. The report will be presented to the Director of DSS by February 15, 2024 and published on DSS’s website. This annual report contains a summary of the PMAC's work for 2023.

PMAC Professional and Technical Consultation

The PMAC meetings are scheduled on a quarterly basis. During 2023, there were four (4) 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. Also, a copy of the agenda was posted in the CD Central Office building. 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) reports website under the Psychotropic Medication Advisory Committee (PMAC) section.

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

Missouri's Medicaid program is 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 focus of the PMAC's professional and technical assistance for this year has been on supporting the continued work and fostering the advancement of the PMAC Clinical and Education and Collaboration Subcommittees. The PMAC Clinical Subcommittee's continuous work on the Excessive Dosage Guidelines has been discussed at each PMAC meeting. In addition, collaboration with the PMAC Education and Collaboration Subcommittee for the interactive webinars has been a topic during the PMAC meetings.

Facilitating effective communications and continuous dialogue between PMAC members, CD, MHD, and other participants continues to be a priority for the meetings.

PMAC Clinical Subcommittee

In the beginning of each year, the PMAC's Clinical Subcommittee reviews the previous year's Excessive Dosage Guidelines. The subcommittee reviews the approved excessive dosage guidelines and updates the guidelines as appropriate. They are also tasked with developing what the excessive dosage should be if there is no FDA approved pediatric or adult dosage guidelines, or prescribed for off label use. 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.

The prescriptive and administrative practices for psychotropic medications 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.

The PMAC's Clinical Subcommittee members consist of a Chair, who is a Child and Adolescent Psychiatrist and oversees the Center for Excellence which serves as the Statewide Clinical Consultant, two Pharmacists, a Child Psychiatrist, and a mental health provider with experience working with children and adolescents, who is an employee of the Statewide Clinical Consultant. 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.

A review of the most current information on medications is conducted with representatives from MHD and medical professionals from a school of pharmacy. MHD contracts with the University of Missouri-Kansas City Drug Information Center to periodically review the latest scientific literature for changes in dosages and the new psychotropic agents approved by the Food and Drug Administration (FDA). The 2022 Excessive Dosage Guidelines were sent to the Drug Information Center for review. Upon completion of the review, the findings/recommendations were sent to the PMAC Clinical Subcommittee Chair and Clinical Subcommittee members for review. The Clinical Subcommittee discussed each recommended change and revised the Excessive Dosage Guidelines accordingly. The revised version was published as the 2023 Excessive Dosage Guidelines.

The PMAC Clinical Subcommittee Chair presented the 2023 Excessive Dosage Guidelines to the PMAC. The PMAC requested additional information on the Guidelines to assist both CD and providers. The request was to include the statement that "If any psychotropic medication exceeds maximum dosage, outside of age guidelines or safety and efficacy have not been established a referral to the Center for Excellence in Child Wellbeing is required prior to consent." In addition the statement should be placed on the Psychotropic Medication Settlement webpage. It was determined that this statement should be part of a disclaimer that appears when the Guideline is accessed. The requested information was implemented and the new Guidelines with the revisions was approved by the PMAC members. The Guideline was posted as the Excessive Dosage Guide and excessive dosage guideline on the DSS website on December 4, 2023.

PMAC Education and Collaboration Subcommittee

The PMAC Education and Collaboration subcommittee worked with several child welfare community members to develop and present two interactive webinars for 2023. The members within the subcommittee are individuals in the medical, legal, behavioral health, business management (CEO) communities and various other state agencies to assist in supporting education to better serve children/families being served by the Department of Social Services. The interactive webinars were "Marijuana in Missouri and Impact on Children and Youth" and "How to Build a Customized Behavioral Health Directory to Support CD-Involved Youth."

The "Marijuana in Missouri and Impact on Children and Youth" seminar was presented on June 9, 2023 and addressed the legal and medical considerations regarding marijuana. The presenters were a treatment court commissioner within the 13th Judicial Circuit and a community pediatrician. The presentation began with the mention of Amendment 3 which went into effect on December 8, 2022. The Amendment allowed the legal purchase, possession, consumption, use, delivery, manufacturing, and sale of marijuana for personal use for adults over the age of 21. In addition, it allowed individuals convicted of non-violent marijuana-related offenses to petition to be released from incarceration and/or have their records expunged. The community pediatrician discussed information that within the medical community the researched uses of marijuana were for chronic pain in adults, chemotherapy-induced nausea/vomiting, and spasticity in adults with multiple sclerosis. The types and active ingredients in marijuana products discussed during the presentation were tetrahydrocannabinol (THC), Cannabidiol (CBD) and synthetic cannabinoids. The use of recreational marijuana (cannabis) is associated with poor mental health outcomes and there is a potential to become addicted to marijuana. Studies from 2014 showed that some of the physical health impacts of legalizing marijuana for recreational use have been a significant increase in marijuana related emergency and urgent care visits. For infants and children, the recreational use of marijuana can cause unintentional exposure to the marijuana's active ingredients. The American College of Obstetrics and Gynecology and the American Academy of Pediatrics recommend that breastfeeding mothers refrain from marijuana use. The concern of impaired caregivers who may responsible for the supervision of children and adolescents should not be under the influence of marijuana is a primary concern. The safe storage of the marijuana, monitoring for impaired parenting and screening of youth and adolescents for use were recommendations presented during the webinar.

On November 6, 2023, the second webinar "How to Build a Customized Behavioral Health Directory to Support CD-Involved Youth" was presented and established a truly unique structure that allowed interaction between the participants and the presenters. A result of the interactions was the creation of a "Resource" document that contained connections to services that were specific to their community. The "Resource" document entitled the "Behavioral Health Service Directory" was introduced in the beginning of the webinar as a guide with resources and services already built out with additional space provided for the participants to fill in local contacts. The participants were informed that during the webinar there would be an introduction and several guest speakers who would be presenting services related to their agency. At the end of each presentation, the participants had the ability to search and select community contacts related to that presenter's services.

The introduction was presented by an Assistant Professional Practice Professor of Psychiatry, with the Center for Excellence in CHILD Well-Being (CFE). During this presentation, the Practice Professor began the webinar by describing the services provided through the CFE. The services include psychotropic medication reviews for children/youth in foster care and physical health referrals. The topics covered during the webinar were the appropriateness of recommendations for psychotropic medications, information on the Family First Prevention Services Act (FFPSA), the Missouri Trauma initiative and services centered on trauma informed care, statewide behavioral health liaisons, and the Show-Me Healthy Kids "Care Manager" who works closely with new Plan members and CD case managers on setting and meeting treatment goals.

The ability to learn about various services and have a resource document that is tailored to the needs of the children/youth in your community was exceptional. The participants for this webinar were representatives from CASA, FCCM, the legal/medical community, government agencies, and other unidentified disciplines.

Automatic Review

Each year CD staff present of information about the Automatic Review criteria and process during a PMAC meeting. The Automatic Reviews are initiated by the CFE, who is the Statewide Clinical Consultant. The criteria for an Automatic Review is as follows:

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 conducts the Automatic reviews on a quarterly basis. Each quarter CFE receives a report that contains all children/youth in foster care on any psychotropic medications and meet the Automatic Review criteria. CFE reviews the report and creates an e-mail notification with a link to cases that meet the Automatic Review criteria. CFE sends an email to the HIS who will notify the assigned case manager and supervisor that a case has met the criteria for an Automatic Review. The HIS and case manager will work together to gather information needed for CFE to complete the review. HIS has ten (10) business days to submit all documentation to CFE.

When CFE completes each Automatic Review, the results and recommendations from the review are sent to the HIS, case manager, and supervisor. The case manager is primarily responsible for sharing recommendations with team members and prescribers. CFE will 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 criteria for identifying foster care 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 (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 PMAC meetings in 2023, CD did not propose any changes to the Automatic Review criteria.

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 Clinical Subcommittee's leadership, expertise, and significant efforts to review, revise, and publish the "Excessive Dosage Guidelines" each year have been a valuable resource for CD case managers. The ability to have access to a current version of the Guidelines is essential during a child/youth's scheduled and unscheduled psychotropic medication reviews. The PMAC Clinical Subcommittee's review processes for the Excessive Dosage Guidelines remain consistent; however, the research and evaluation of new and revised FDA guidelines is daunting and always evolving. For those medications that do not have FDA guidelines, the PMAC Clinical Subcommittee provides a recommendation for CD case managers. CD and MHD continue to benefit greatly from the PMAC Clinical Subcommittee's superb work on the Excessive Dosage Guidelines.

The PMAC Education and Collaboration Subcommittee continues to provide relevant and important training opportunities that are truly creative and inspiring. The topics, presentations, and resources from the interactive webinars have been great. The passage of Amendment 3 in Missouri required several agencies to make policy decisions about implementation and compliance with the newly approved laws. The Education and Collaboration Subcommittee members recognized the need for guidance and created a presentation on marijuana as the first interactive webinar. There were over 400 participants who joined the webinar.

The second webinar included eight presenters and guest panelists, who provided information on the behavioral health needs of children/youth based on their particular specialty. The developers of this webinar recognized the value and amount of information provided and designed a method to interact with the participants. This interaction included a process within the webinar to allow each participant the ability to create and retain a "resource document." The document contained information from each presenter's specialty and contact information (e-mail, telephone number etc.,) for service representatives in their local community. The goal of the documents was to allow participants to build resources from the information presented during the webinar specific to their needs. The ability to have access to local contacts is a tremendous value in the delivery of services to children/youth in foster care. The webinars are located on the DSS website.

In addition to the work of the subcommittees, CD has continued to discuss the progress of enhancing its work related to the Settlement, including, but not limited to, medical record collection and data validation. Representatives of the CD have reported on compliance with the terms of the Settlement during PMAC meetings to keep the PMAC informed of system and policy changes designed for continuous improvement of service delivery. The Agreement requires CD to conduct semiannual reviews and create 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. In an effort to notify any required and/or interested parties of the location of the published reports, CD has provided e-mail notifications and discussed during PMAC meetings the location of these reports. Each of the above mentioned reports are located on the following website: Psychotropic Medication Settlement Reports | Missouri Department of Social Services (mo.gov).