EXHIBIT 1
DATE 2/15/13
HB 319

Information regarding Estimated Cost for Transitional Youth Services re HB 319

A. Cost for Transitional Services for **one** youth:

Adult Evaluation = $100

12 hours of coordinated case management over 3 months = $1433

Based on:

- One hour of coordinated Youth Case Management = $51.00
- One hour of coordinated Adult Case Management = $67.00

Total Cost of 3 months coordinated case management = **$ 1533**

B. Cost for services for one youth without *needed* transitional services

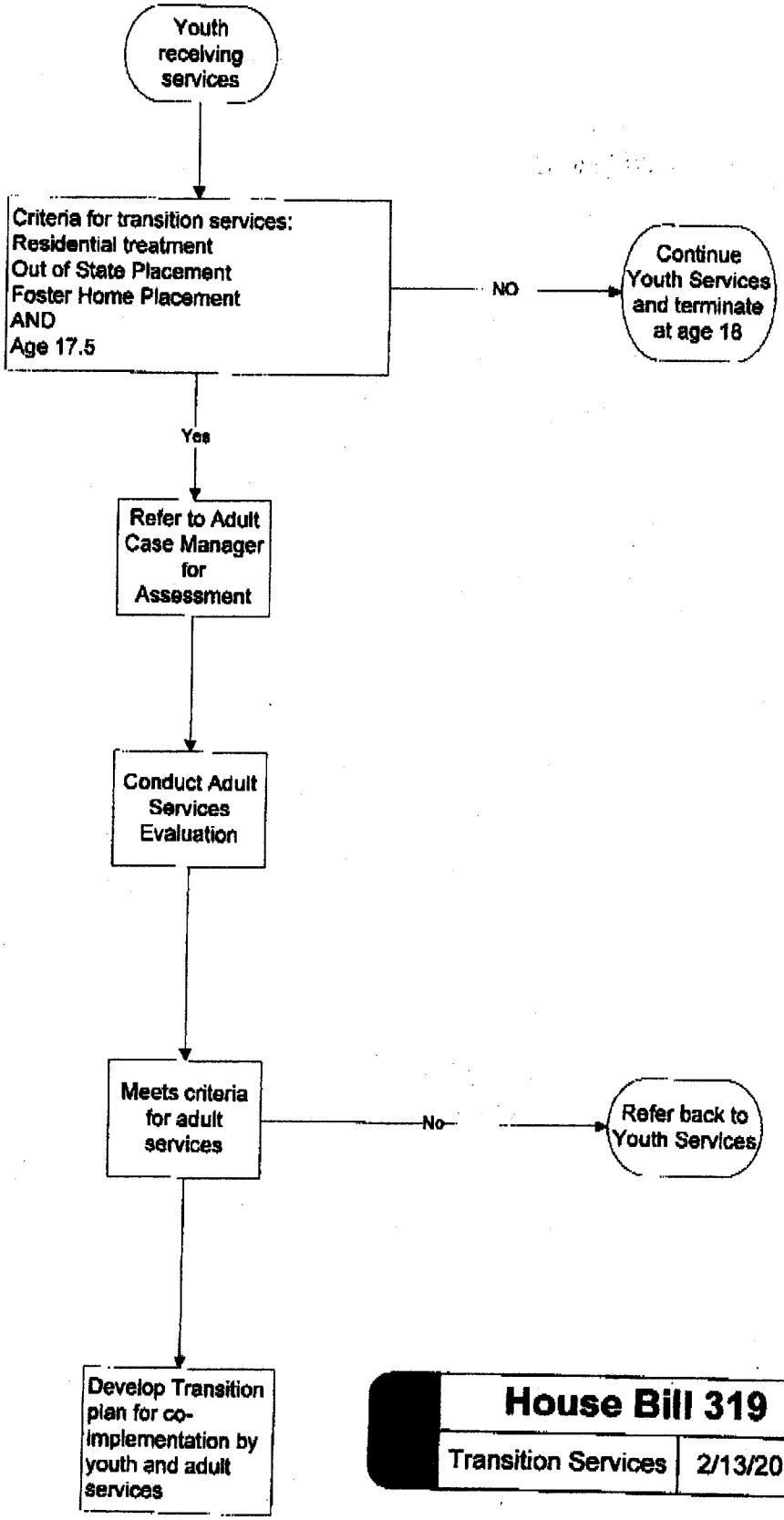
One day of inpatient psychiatric hospitalization = $1500

Cost of average inpatient hospital stay (10 days) = **$15,000**

***288 youth identified as needing transitional services in FY 2014**

Key Points for HHS Committee re: HB 319

- These (high risk) youth are different than our own children or most children we know: they have been traumatized through abuse, often times abandoned by their families, wounded by lack of opportunity for family stability and healthy role modeling, exposed to situations and experiences we would not choose for any child/youth, and placed in a system that is fragmented and cannot or will not coordinate as a result of bureaucracy, lack of understanding, or will.
- Severe Emotional Disturbance (SED) Diagnosis for Children vs Severe Disabling Mental Illness (SDMI) Diagnosis for Adults – are based on significantly different criteria. Criteria for children concentrate on how they function in *school*. Criteria for adults concentrate on how they function in the *work place*. The diagnosis will impact services a youth can receive once they reach 18, i.e. disability determination and accommodations, access to programs and services (Vocational Rehabilitation, Housing etc.).
- Children/Youth system understands the services for youth. Adult system understands the services for (young) adults. Coordination between youth system and adult system = Transition.
- Coordination *reduces*: Crisis Response, Crime, Relapse, De-compensation (impaired functioning).
- Without a stable plan all youth will look for someone to offer an alternative! (usually not a healthy one - results in a admission to higher level of care or criminal justice involvement))
- NO *payment for evaluation* from Adult system when transitional youth is in Psychiatric Residential Treatment (PRTF) or Group Home (GH) – have to have an Adult evaluation before entrance – Evaluation from a Child provider *will not be accepted* for services into the Adult system. The adult provider will ask different questions on mental health symptoms and daily living functioning, i.e. is this youth able to complete age appropriate tasks, like balance a check book, buy groceries, maintain personal hygiene, ability to develop healthy/helping relationships?
- Transitional youth require assistance/guidance and support in negotiating movement from child system to adult system or they "fall through the cracks" and require higher level of care than would have been needed, i.e. hospitalization, jail, institution.
- Currently there is NO requirement or mechanism within either the Child Mental Health System or the Adult Mental Health system to *assess/plan* and *address* the needs of transitional youth that is working.
- Administrative rules for discharge planning have no oversight and are not enforced or monitored effectively to ensure kids are not dumped; i.e. homeless shelter, airport, hospital, etc.
- Due to lack of requirement there is NO *coordination or planning of care* between the Child Mental Health system and the Adult Mental Health system. Need Quality Assurance to make sure if put in law *it is enforced*.
- Because of the developmental needs of transitional age youth, especially those at high risk and high need, a period of time is needed when the providers from Child system and the Adult system *can work together* to help the youth *establish new relationships and connections* within the adult system.
- The minimal period of time *recommended* (not in Fiscal Note) is three months with approx. 12 hours per youth (as determined by complexity of youth need) per week allotted for care coordination with youth between providers.
- The youth in highest need of transitional services currently have a diagnosis of SED and are currently in a higher level of care or have been in a higher level of care within the last 6 months before they turn 17.5 years. These youth will most likely be eligible for Medicaid when they reach 18 years of age.
- Other youth who have a diagnosis of SED and are not at high risk or to not have high needs (more natural supports, i.e. family, or independent living skills) WILL most likely NOT be eligible for Medicaid when reaching age 18 years. These youth need a transition plan in place (developed by Child System) to meet their mental health and independent living needs when they reach age 18 to ensure they get a healthy and stable start.
- In FY 2011-2012 there were **198** – 18 year olds and **162** – 19 year olds entering the Mental Health Centers (MHC's) (Total 360 for those two fiscal years) These would be youth mostly likely w/Medicaid.
- Estimate from the Fiscal Note for 2014 is **288** *transition* age youth eligible for Adult Mental Health system services –the estimate is that these numbers will decrease over the next three fiscal years



House Bill 319

Transition Services	2/13/2013

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