

# **REPORT TO CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE**

**January 26, 2006**

**Prepared by:  
Health Resources Division  
Children's Mental Health Bureau**



**CHILDREN & FAMILIES INTERIM COMMITTEE  
JANUARY 26, 2006  
EXHIBIT 17**

## SERIOUS EMOTIONAL DISTURBANCE (SED) MEANS:

1. Person under the age of 18.
2. Has a acceptable mental illness diagnosis based upon the Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-TM.
3. Mental illness is expected to last 6 months or more.
4. Requires services from two or more youth service agencies, e.g. special education, mental health, child welfare, chemical dependency, juvenile justice.

**ESTIMATED NUMBER OF SED YOUTH IN MONTANA = 12,26**

(Based upon federal Department of Health and Human Service prevalence rate for Montana of 7% for 2005.)

## TOP NINE DIAGNOSES FOR ALL DIAGNOSES REPORTED FOR YOUTH RECEIVING MEDICAID MENTAL HEALTH SERVICES

Rank	Diagnosis	National Prevalence*	% of all Diagnoses
1	Attention-Deficit/Hyperactivity Disorder (ADHD)	3 - 5%	18.8%
2	Oppositional Defiant Disorder (ODD)	2 - 16%	14.2%
3	Posttraumatic Stress Disorder (PTSD)	1 - 14%	10.4%
4	Mood Disorder (depression)		6.6%
5	Depressive Disorder NOS (not otherwise specified)		4.9%
6	Reactive Attachment Disorder (RAD)		3.6%
7	Generalized Anxiety Disorder	3 - 5%	5.7%
8	Major Depressive Disorder (moderate)		2.1%
9	Bipolar I Most Recent Episode Unspecified	.4 - 1.6%	1.8%

(\*National prevalence is taken from the DSM-IV where a prevalence is given.)

## MEDICAID MENTAL HEALTH SERVICES FOR SED YOUTH

Service	Description
Physician Visits	Medication Monitoring
Individual Therapy	Psychiatric Diagnostic Evaluative Interviews; individual psychotherapy conducted by a Psychiatrist; Psychologist; LCPC and/or MSW
Family Therapy	Family Psychotherapy with and without the patient present
Group Therapy	Group Psychotherapy
In Patient Hospitalization	Acute: Services are provided 24 hours per day, 7 days a wk.; by a multi-disciplinary team of licensed and appropriately credentialed professionals and professionally supervised paraprofessionals. Treatment is provided in a secure environment allowing for the most restrictive levels of care necessary for the well-being and safety of the patient or others.
Partial Hospital Care	A level of care that is distinguished from 24-hour inpatient or intermediate/residential care only in that the person does not remain in the hospital 24-hours per day. Support and supervision must be sufficient to maintain the person's safety outside the hospital. Services of a high level of intensity are provided on-site.
Residential Treatment Center	A 24 hour non-acute treatment for active interventions directed at the amelioration of the specific impairments that led to the admission and thus to a degree of stabilization that permits safe return to the home environment and/or community-based services. Residential treatment services are provided by a professional, multi-disciplinary staff, based on a comprehensive treatment plan. Family therapy is an important component of the treatment in almost all cases. Medical and psychiatric services are readily available.
Therapeutic Group Home Care	Out of home, community-based treatment alternatives appropriate for individuals requiring specific treatment interventions and/or social supports provided in a structured setting. A group home provides a therapeutic milieu, 24-hour supervision, and, individual, family and group therapy.
Targeted Case Management	Targeted case management services for youth with serious emotional disturbance are case management services provided by a licensed mental health center with a license endorsement permitting the mental health center to provide intensive case management services to the population being served. These services include: assessment, assistance in daily living, case planning, coordination, referral and advocacy, crisis response.
Respite Care	Respite care services are relief services that allow family members, who are regular care givers for a youth with serious emotional disturbance, to be relieved of their care giver responsibilities for a temporary, short term period.
Day Treatment	A school based program which provides an integrated set of mental health, education and family intervention services to youth with severe emotional disturbance.
Community Based Psychiatric Rehabilitation and Support (CBRS)	Services provided in home, school, and community setting for youth with serious emotional disturbance. Services are provided by trained mental health personnel under the direction of and according to individualized treatment plans prepared by licensed professionals. The services are provided outside of normal clinical or mental health program settings and are designed to assist individuals in developing the skills, behaviors, and emotional stability necessary to live successfully in the community.
Therapeutic Family Care	Therapeutic Foster Care services and in home family based services. An array of services delivered in a client's home in order to maintain the child's placement in the home or to assist the child in stepping down from a higher level of care. Services that can be provided include, but are not limited to, individual and family therapy; therapeutic aid; and training for parents.

## MEDICAID SERVICES FOR CHILDREN & ADOLESCENTS

(Claims Paid during State Fiscal Year)

State Fiscal Year	Number Served	Total Medicaid Dollars spent	Average Cost Per Youth
2002	9,151	\$59,499,360	\$6,502
2003	9,422	\$54,274,673	\$5,760
2004	9,208	\$50,762,128	\$5,513
2005	9,480	\$52,682,825	\$5,557
2006 (12/31/05)	7,286	\$28,318,451	\$3,887

### CHILDREN'S MENTAL HEALTH SERVICE PLAN (CMHSP)

CMHSP includes the following services: community-based outpatient services of individual, group and family therapy, assessment and evaluation, psychotropic medication monitoring and management service, and mental health center services. CMHSP includes a psychotropic drug formulary up to \$425 per month. CMHSP does not include: inpatient psychiatric hospital residential services (RTC), therapeutic group home or foster home services, or targeted case management service.

A total of 685 youth were served by CMHSP utilizing a total of \$671,928 in state fiscal year 2005. A total of \$ 26,605 was used for outpatient services and pharmacy, \$326,696 for respite services, and \$250,169 for family support services. Without these services, the youth served would have most likely required a higher level of care. These funds are used to return youth to their family and/or keep youth in their family and community.

Eligibility: serious emotional disturbance (SED), family gross income within 150% of federal poverty guidelines, not eligible for Medicaid or CHIP.

## SYSTEM OF CARE FOR CHILDREN'S MENTAL HEALTH (SOC)

*52-2-301 MCA states: "... Provide for and encourage the development of a stable system of care, including quality education, treatment, and services for the high-risk children with multi-agency service needs either in their homes or in the least restrictive and most appropriate setting for their needs in order to preserve the unity and welfare of the family, whenever possible, and to provide for their care and protection and mental, social and physical development.*

The system is guided by the values that include:

- \* Parent/Family participation is to be a part of all levels of the children's system of care from policy planning to participation in their child's treatment plan.
- \* The system is culturally competent requiring agencies, programs and services to be responsive to the needs and culture of the populations served.
- \* Provides, planning, polices, etc. focus on the strengths of the parents, child and family as contributors to treatment and recovery.
- \* "Top-Down-Bottom Up approach" in partnerships with local communities, including Tribes to design and develop the system of care.
- \* The system through partnerships with providers, KMA\*, families, youth designs and delivers evidenced-based services to youth with SED and their families.
- \* Services for youth with SED will be co-occurring capable to ensure service delivery with an integrated focus on both mental health and chemical dependency treatment needs.

Health Resources Division's Children's Mental Health received a 6 year federal grant beginning September 29, 2004.

In addition to central office staff for the grant, the grant will provide 6 local community grants averaging \$185,000. At present three of the six grants have been awarded to:

Crow Nation  
Yellowstone County KMA (Billings)  
Missoula County KMA (Missoula)

Three more grants are expected to be awarded based upon a request for proposals (RFP) by June 2006.

In addition to grant sites other communities have KMA's in various stages of development: Salish and Kootenai-Lake County, Kalispell, Hamilton, Great Falls, Cut Bank, Havre, Lewistown, Miles City, Glendive, Sidney, Wolf Point-Glasgow, Bozeman-Livingston, Butte, Helena, Deer Lodge, Ananconda, and Dillon.

Oversight for the System of Care is provided by the Children's System of Care Planning Committee (SOC committee) established through 52-2-303 MCA.

The basic component of the system of care is the Kids Management Authority (KMA). The KMA is the local community infrastructure that supports a comprehensive and statewide system of care. The KMA has two distinct and important functions:

- \* Development of a continuum of care (including crisis services) within the respective community, and ultimately, the state as a whole.
- \* Individual youth case planning, coordination, and service delivery with a focus on family preservation.

## CRISIS SERVICES

Conducted public meetings on 1/19/06 through telemedicine sites (Miles City, Glendive, Glasgow, Sidney and Poplar).

Additional public meeting on 2/1/06 through METNET and Telemedicine sites (Helena, Great Falls, Havre, Cutbank, Kalispell, Salish-Kootani, Missoula, Dillon, Butte, Warm Springs, Bozeman, Billings, and Lewistown).

Obtain information from KMA's.

### Initial Issues Identified:

1. Access to services when needed.
  - a. Timeliness of access
  - b. Services to access
  - c. **Lack of psychiatric services or stabilization service from local hospitals**
2. Transportation assistance
  - a. Ambulance transporting mentally ill
  - b. **Escorts to assist with transporting**
3. Distance
  - a. Typically, access to a psychiatric hospital that will accept youth is restricted to:  
Billings, Helena, Missoula
  - b. Parents must transport child sometimes 300 miles one way to obtain hospital care
4. Lack of alternatives to hospital and residential treatment centers treatment services
5. Crisis Response triage facility
6. Home based crisis intervention

## Region II

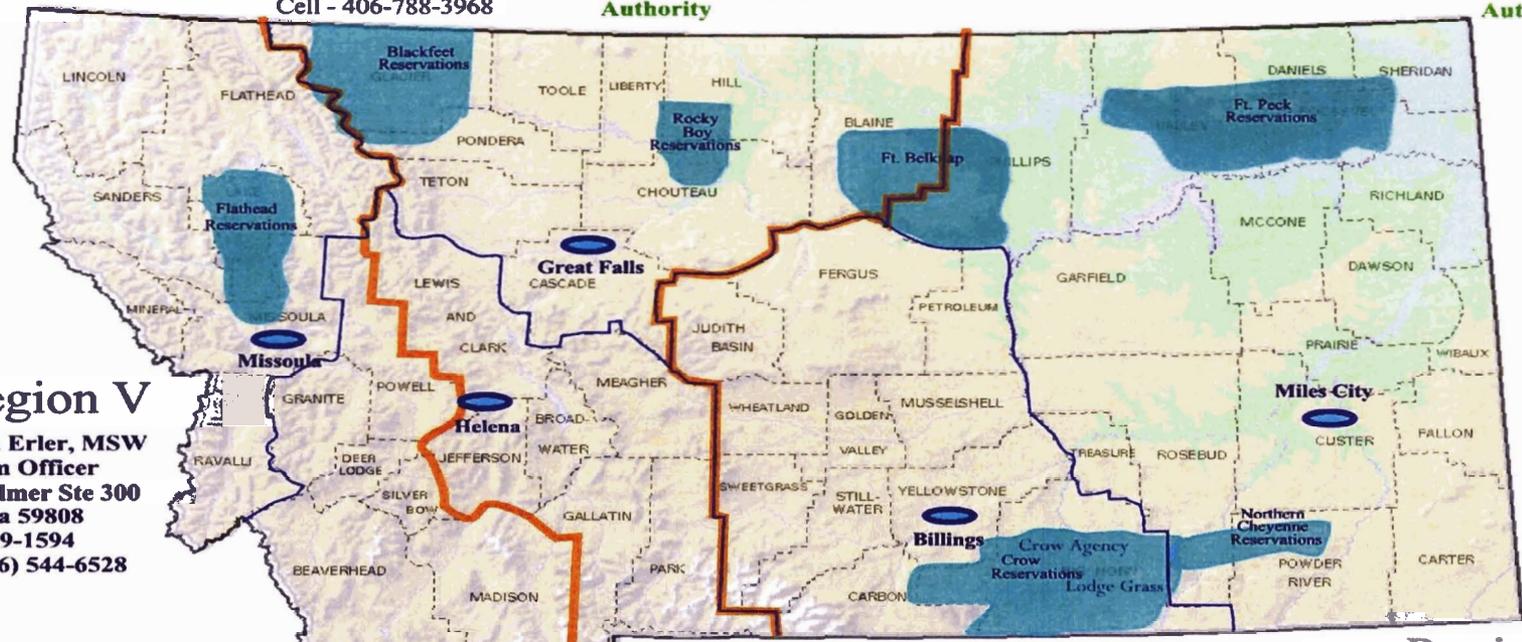
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# Childrens Mental Health Bureau System of Care Administrative Regions

Adult  
Western  
Service Area

Adult  
Central Service Area  
Authority

Adult  
Eastern  
Service Area  
Authority



## Region V

Cynthia Erler, MSW  
Program Officer  
2677 Palmer Ste 300  
Missoula 59808  
(406) 329-1594  
Cell (406) 544-6528

## Region IV

Rita Pickering  
Program Officer  
316 North Park Rm 285  
Helena, MT 59623  
406-444-1323  
Cell (406) 461-2934

## Region III

Walt Wagenhals  
Program Officer  
2525 4th Ave. North  
Ste 309  
Billings, MT 59101  
(406) 657-3148  
Cell (406) 690-0197

## Region I

Novelene Martin  
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708 Palmer  
Miles City, MT 59301  
(406) 232-0870  
Cell (406) 853-3070

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