Report to the Montana Legislature

Required Out-of-State Placement and Monitoring Report
January 1, 2014 through June 30, 2014
Submitted August 15, 2014

This report was prepared by Zoe Barnard, Children's Mental Health Bureau (CMHB) Chief, with data compiled by Dawn Doyle, Fiscal Analyst, and data provided by the Child and Family Services Division (CFS) of the Department of Public Health and Human Services (DPHHS), Department of Corrections, and Youth Court (juvenile probation).

The following statutorily required report is completed by the DPHHS, CMHB, in compliance with:

> **52-2-311. Out-of-state placement monitoring and reporting.** (1) The department shall collect the following information regarding high-risk children with multiagency service needs:
> (a) the number of children placed out of state;
> (b) the reasons each child was placed out of state;
> (c) the costs for each child placed out of state;
> (d) the process used to avoid out-of-state placements; and
> (e) the number of in-state providers participating in the pool.
> (2) For children whose placement is funded in whole or in part by medicaid, the report must include information indicating other department programs with which the child is involved.
> (3) On an ongoing basis, the department shall attempt to reduce out-of-state placements.
> (4) The department shall report biannually to the children, families, health, and human services interim committee concerning the information it has collected under this section and the results of the efforts it has made to reduce out-of-state placements.

Methodology

This report includes children placed out of state by *all State agencies and divisions,* though the report is compiled by the Children's Mental Health Bureau, which is a Medicaid bureau within DPHHS. The report distinguishes between youth who are placed by a parent or guardian (Medicaid only), those placed by a State agency using Medicaid funds, and those placed by a State agency using that Agency's funds (either general fund or braided funding).

The report includes only children who were placed out of state (OOS) on or after 1/1/2014 and on or before 6/30/14. This is the second biannual report to the Legislature covering

the second half of SFY14 (7/1/13 through 6/30/14). Please note that previous state fiscal years' reports were inconsistent in inclusion of youth who were already in out-of-State residential treatment prior to the first date of the report so placement numbers may be inflated in some previous reports.

Care is given to describe the reasons for placement in OOS psychiatric residential treatment facilities (PRTF) for youth receiving Medicaid funds.

Organization

The organization of this report follows the list of required report variables prescribed in statute. The number of youth placed out of state by agency is discussed first, followed by the cost and reasons each youth was placed out of state. The final section of the report focuses on potential factors relating to placement in an OOS PRTF.

Number of Youth Placed in Out-of-State PRTF's

Table 1 shows the number of youth placed in OOS PRTF between the first day of January and the last day of June in 2014.

Table 1. Number of Youth Placed in OOS Residential Treatment Facilities, 1/1/14 to 6/30/14	
Placed by Parent or Guardian with Medicaid Funding	25
Placed by Child and Family Services (CFS) Division with Medicaid Funding	9
Placed by Department of Corrections (juvenile parole) with Medicaid Funding	0
Placed by District Court (juvenile probation) with Medicaid Funding	0
Placed by Child and Family Services ineligible for Medicaid Funding	2
Placed by Department of Corrections ineligible for Medicaid Funding	1
Placed by District Court without Medicaid Funding	0
Number of youth with both CFS and either Department of Corrections or District Court involvement	0
Total youth placed during period with Medicaid funding	**34**
Total youth placed during period without Medicaid funding	**3**

The OOS residential treatment facilities that are Montana Medicaid providers to which youth were sent **during this period** were: Copper Hills (Utah), Provo Canyon School (Utah), Benchmark (Utah), Cottonwood (Utah), and Coastal Harbor (Savannah, Georgia). The following is a description of each program.

Coastal Harbor, Savannah, GA

Coastal Harbor provides specialized units for males and females who have developmental delays or mild to moderate intellectual disabilities. They also have specialized units for

treatment of sexually aggressive or reactive behaviors; aggressive behaviors; self-harming/suicidal behaviors; psychotic symptoms; and histories of trauma.

Benchmark Behavioral Health Systems, Woods Cross, UT

Benchmark provides intensive treatment for moderate to high risk males and intellectually disabled males, ages 13-17, with sexual misconduct issues who have a history of sexual offenses or other acute sexual problems, either adjudicated or non-adjudicated.

Copper Hills Youth Center, West Jordan, UT

Copper Hills Youth Center is a private residential treatment center for youth 12-17 years of age. They treat youth who have emotional, behavioral and psychiatric disorders and/or who have developmental delays. They specialize in patients with Asperger's syndrome.

Provo Canyon, Orem, UT

Provo Canyon Behavioral Hospital adolescent continuum of care offers a variety of programs targeted to meet the needs of youth with conditions such as: conduct and oppositional defiant disorder; comorbid medical disorders; social development disorders; and reactive attachment disorders.

Cottonwood Treatment Center, Salt Lake City, UT

Cottonwood is a residential treatment community for adolescents with impulse control disorders, fetal alcohol spectrum disorders, mental health disorders, behavioral problems, learning disabilities and developmental delays, and family discord.

Number of Youth Placed in Out-of-State Therapeutic Group Homes

Normative Services in Sheridan, Wyoming is the only OOS therapeutic group home provider that is approved through Montana Medicaid. Probation officers on the Eastern side of the state report that they like to use it because it is actually closer/more convenient than some in-state providers. The program specializes in youth 13-17 who present with psychiatric or behavior problems. The program has a substance abuse component. Table 2 shows the number of youth placed in this group home between January and June of 2014.

Table 2. Number of Youth Placed in OOS Therapeutic Group Home (Normative Services), 1/1/14-6/30/14	
Placed by Parent or Guardian with Medicaid Funding	4
Placed by Child and Family Services (CFS) Division with Medicaid Funding	5
Placed by Department of Corrections (juvenile parole) with Medicaid Funding	1
Placed by District Court (juvenile probation) with Medicaid Funding	8
Placed by Child and Family Services ineligible for Medicaid Funding	0
Placed by Department of Corrections ineligible for Medicaid Funding	0
Placed by District Court without Medicaid Funding	6
Number of youth with both CFS and either Department of Corrections or District Court involvement placed	0
Total youth placed during period with Medicaid funding	**18**
Total youth placed during period without Medicaid funding	**6**

Number of Youth Placed in Out-of-State Non-Therapeutic Placements

District Court (juvenile probation), Department of Corrections (juvenile parole), and Child and Family Services, the State agency entities who may have custody of youth, occasionally use some other OOS placements. These placements are not Medicaid mental health placements because they are used to treat offenders (sexual or conduct), substance abuse, or physical health issues. Table 3 shows those placements for the first half of 2014.

Table 3. Number of Youth Placed in OOS Non-Medicaid Facilities, 1/1/14-6/30/14	
Placed by Child and Family Services (CFS) Division	2
Placed by Department of Corrections (juvenile parole)	1
Placed by District Court (juvenile probation)	0
Number of youth with both CFS and either Department of Corrections or District Court involvement placed	0
Total Youth Placed in OOS Non Medicaid Facilities	**3**

It should be noted that the DPHHS has no way of keeping track of youth placed by private entities out of state in non-Medicaid placements.

Specific descriptions of non-Medicaid programs utilized by placement facilities during the time period of this report are listed below.

KidsPeace Mesabi Academy, Buhl, MN

KidsPeace Mesabi Academy is a correctional facility in Minnesota that includes a therapeutic component. It serves males 10-18 (http://www.kidspeace.org/services_green.aspx?id=284 Accessed 2/11/14).

Youth Emergency Services, Des Moines, IA

Youth Emergency Services is a shelter that was used to place a youth whose out-of-state adoptive placement had broken down.

National Deaf Academy, Mt. Dora, FL

National Deaf Academy (NDA) Behavioral Health System is a psychiatric residential treatment facility with specialized treatment programs for deaf, hard of hearing, hearing, and autistic individuals with varying exceptionalities and treatment resistant behaviors (http://nda.com/ Accessed 8/7/14). As of July 2014, NDA is a Montana Medicaid Provider.

Costs for Each Youth

Table 4 lists the costs associated with OOS PRTF placements. Please note that the costs listed for Medicaid clients include both the general fund (state-funded) portion, and the federal match. The federal match is based on the FMAP (federal matching assistance percentage) and for FFY14 (9/13 to 8/14) it is 66.33. This means that about one third of the cost for Medicaid placements was covered by state general fund dollars. The table includes non-Medicaid placements, but does not include OOS TGH placements.

Table 4. List of Total Costs of Stay (as of January 2014) per Youth Placed in PRTF, 1/1/14-6/30/14

1. $46,125*	2. $48,578*	3. $26,400*
4. $19,467*	5. $59,623*	6. $26,250*
7. $20,549*	8. $33,750*	9. $36,000*
10. $25,235*	11. $22,050*	12. $20,909*
13. $19,467*	14. $13,339*	15. $29,201*
16. $4,900*	17. $35,000*	18. $37,337*
19. $17,250*	20. $23,310*	21. $36,375*
22. $42,000*	23. $18,746*	24. $22,400*
25. $42,000*	26. $15,000*	27. $33,375*
28. $32,200*	29. $25,514*	30. 19,828*
31. $40,016*	32. $6,000*	33. 43,500*
34. $1,626	35. $51,759**	

*Medicaid Placement

**The cost for the youth in National Deaf Academy is included because this PRTF is now a Montana Medicaid facility as of July 2014.

Reasons Youth are Placed in OOS PRTF

Placement in an OOS PRTF through Medicaid can only occur after a youth has been certified as needing treatment at the PRTF level of care but denied at all three in-state PRTF's. In order to be certified as needing care at the PRTF level, a youth must exhibit behaviors or symptoms of serious emotional disturbance of a severe and persistent nature requiring 24-hour treatment under the direction of a physician. In addition, for a youth to be certified at this level of care, the prognosis for treatment at the PRTF level of care must

reasonably be expected to improve the clinical condition/ serious emotional disturbance of the youth or prevent further regression based upon a physician's evaluation.

When an in-state PRTF denies admission to a youth, a letter is generated by the provider indicating the reason for denial. Children's Mental Health Bureau reviewed these letters for this report. Some letters were not immediately available for some youth.

Thirty letters were reviewed for one of the in-state PRTF's during the time period of this report. This facility cited "No current beds available" as the reason for denial, 86% of the time. The PRTF cited substance use 6% of the time. Aggression and psychosis were each cited as reasons for denial 3% of the time.

Thirty letters were also reviewed for the second in-state PRTF, which cited aggression and disruption to the milieu as a reason for denial 26% of the time, no beds available 26% of the time, lack of responsiveness to previous similar treatment 23% of the time, not appropriate for the current milieu 13% of the time, and sexual acting-out as the reason for denial 10% of the time.

Twenty-eight letters were reviewed for the third in-state PRTF, which cited aggression and disruption in the milieu as the reason for denial 28% of the time, sexual acting-out as the reason for denial 21% of the time, no beds available 14% of the time, lack of responsiveness to treatment 14% of the time, low IQ, 10% of the time, substance abuse 7% of the time, and psychosis 3% of the time.

Process Used to Avoid OOS Placements

The Children's Mental Health Bureau and the child-placing agencies have been working together to address the reasons that youth are being placed out of state.

In the last report submitted February 2014, CMHB reported that sexual offenders are a difficult population to treat in the state of Montana. Although Montana does not cover sexual offense as the primary diagnosis under children's mental health Medicaid services, youth with other diagnoses also exhibit sexually reactive behaviors that can make treatment difficult. CMHB reported in February that the number of children being served (fewer than ten youth sent out of state in a year for this reason) do not signify the need for an in-state facility. **The Children's Mental Health Bureau intends to continue to monitor this population.**

Antisocial behavior is a common reason given for sending youth out of state. Although conduct disorder is not an allowable Medicaid diagnosis, youth in mental health care may sometimes exhibit symptoms of conduct disorder without meeting criteria for diagnosis. Many of the youth sent out of state by the Department of Corrections and District Court are sent out of state because they meet the criteria for conduct disorder and no facility in the state specializes in the treatment of this diagnosis. District Court reports that the

population of youth exhibiting aggressive and antisocial behavior continues to grow and the population is getting younger. The Children's Mental Health Bureau, Child and Family Services, the Department of Corrections, District Court, and the Montana Board of Crime Control continue to meet to determine how to best meet the needs of youth exhibiting aggressive and antisocial behavior. We are exploring a range of options, from **multisystemic therapy (an evidence-based practice) to the use of more guide and therapeutic foster homes**.

We continue to see youth with serious emotional disturbance coupled with a co-occurring substance abuse diagnosis referred to out-of-state PRTF's. As reported in February, CMHB is implementing a grant with the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant is a three-year, approximately $3 million cooperative agreement that is intended to foster collaboration between substance abuse and mental health providers. It also implements evidence-based practices for addressing adolescent co-occurring substance disorders in Montana as well as increases the workforce who can address these issues. The grant has been in effect long enough that we are starting to see the results of **high-intensity in-home services provided through an evidence-based practice called Integrated Co-occurring Treatment (ICT)**. We are now in the process of meeting with the interdisciplinary planning council for the grant to see how we might be able to sustain ICT, because it has the potential to fit within the existing treatment system and to keep youth from going into higher levels of care.

Children who have low IQ coupled with mental health diagnoses can be very hard to serve within the State. This has been a challenge for its Developmental Disabilities Division since inception of the division. To this end, staff persons in the CMHB are in the process of reviewing the diagnoses of youth nearing adulthood who have both a mental health diagnosis and an intellectual disability. Youth who meet criteria are being **referred to the Developmental Disabilities Program (DDP) so that they can be moved into the Developmental Disability waiver as they near adulthood**. The Division has set a goal of serving up to 20 youth per year, starting with 17 year-olds and moving to 16, and then 15 year-olds as youth are transitioned. We are also exploring a co-occurring mental health/intellectual disability waiver.

Children who have mental health issues coupled with severe medical issues may be sent out of state due to our relatively low population, and relatively few number of children who need specialized care coupled with the lack of specialized care centers in our state.

The Child and Family Services Division of the Department of Public Health and Human Services is aware that youth in the custody of the State are placed in PRTF's at a higher frequency than other populations. One of the three target populations in the State's IV-E Waiver is youth in congregate care ages 12-17. The goal is to transition these youth into in-state home and community placements. **To that end, the IV-E waiver program will be implemented starting January 1, 2015.**

Next Steps

As reported in February, the Children's Mental Health Bureau is concerned about the youth who are being referred out of state due to lack of available beds. **As we noted in that report, a major component of this problem appears to be that youth are entering facilities faster than they are leaving and there is more capacity out of state (in-state facilities are often full).** The average length of stay in an out-of-state PRTF in 2012 was 292 days. Some of the youth in PRTF have been there for several years. The CMHB will begin working with providers to help them understand that PRTF's should be seen as a stabilizing placement and to help them discharge youth effectively to lower levels of care. To that end, we hope to have a person in place, half-time, whose sole responsibility is to work to return youth from out-of-state placements and keep youth out of PRTF placements whenever possible. We are encouraging providers and parents to contact our regional staff to engage our help in treatment planning whenever transition and discharge are a problem. And we visited or have plans to visit all of the out-of-state PRTFs who are Montana Medicaid providers, to gauge their ability to follow our rules and clinical guidelines, as well as to engage them in a dialogue about discharge planning. Finally, we are now allowing 80 units of youth targeted case management for discharge planning in out-of-state facilities. We want to encourage placement in communities as soon as discharge is possible, in therapeutic group homes, therapeutic foster homes, or in natural homes with in-home support.

Tables 5 and 6 show the number of youth in placement in- and out-of state over time. As one can see from the table the percentage of youth in out-of state placements has grown, but so has the overall number of youth in in-state placements. More importantly, the percentage has lagged behind the total numbers. PRTF placements are growing overall.

Table 5. Youth in Placement In State and Out of State as of December

Number of Youth in:	In-State PRTF	Out-of-State PRTF	Total Placements	Percent Out-of-State Placements (%)
December 2009	87	14	101	14
December 2010	104	8	112	7
December 2011	94	19	113	17
December 2012	83	22	105	21
December 2013	104	30	134	22

Table 6. Youth in Placement In State and Out of State as of June				
Number of Youth in:	In-State PRTF	Out-of-State PRTF	Total Placements	Percent Out-of-State Placements (%)
June 2009	92	31	123	25%
June 2010	91	15	106	14%
June 2011	94	19	113	17%
June 2012	104	32	136	24%
June 2013	97	39	136	29%
June 2014	125	53	178	30%

There is evidence that once youth enter a secure mental health treatment setting they are more likely to stay in a higher level of care. One study found that individuals who used hospital-based criteria services were 51% more likely to be subsequently hospitalized than users of community based services. CMHB recently noted that many youth receive limited mental health services prior to a residential treatment stay. Thirteen (13) of 95 youth (about 14%), in one snapshot fit these criteria: they received few or no services prior to placement in an out-of-state facility. There are many possible reasons for this, including lack of access, stigma, and not knowing who to ask for help until a crisis is truly acute. To that end, over the past year the CMHB has been administering six youth crisis diversion grants, piloting ways of diverting some youth from placement, with the hope that over time there will be programs across the state that will be able to divert youth from crisis placements. Children's Mental Health Bureau is committed to the long-term goal of keeping more youth in the community rather than escalating them into out-of-state placements.

Number of Youth Participating in the Pool

Pursuant to HB565 and effective October 26, 2012, Children's Mental Health Bureau supplied the posting of a secure HIPAA-compliant, Department-approved data management system to allow treatment plans for youth who are currently placed out of state or who are at risk of being placed out of state for mental health services in a therapeutic youth group home (TGH) or psychiatric residential treatment facility (PRTF).

Mental health providers, such as psychiatric hospitals, TGHs, mental health centers, and PRTFs have the opportunity to use this secure system to share and review confidential health care information about youth who are placed out of state or who are at risk of being admitted to an out-of-state facility. In-state providers have the option to use this information to provide alternate opportunities for youth to use in-state mental health services.

To date, this resource has not been accessed or used by any providers. Children's Mental Health Bureau is studying why this resource has not been used.