

**Report to the Montana Legislature  
Required Out-of-State Placement and Monitoring Report  
January 1, 2018 through June 30, 2018**

August 15, 2019

The following statutorily required report is completed by the Department of Public Health and Human Services (DPHHS) Children's Mental Health Bureau (CMHB), in compliance with the Child and Family Services Division (CFSD), the Youth Services Division of the Department of Corrections (DOC), and Youth Court or Juvenile Justice (JJ). The statute reads:

**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 whose treatment is paid by all State agencies and divisions, though the report is compiled by the Children's Mental Health Bureau (CMHB), which is a Medicaid bureau within DPHHS. The report distinguishes between youth whose treatment is funded solely by Medicaid, those whose treatment is funded by Medicaid, but the Child and Family Services Division (CFSD), Juvenile Justice (JJ), or the Department of Corrections (DOC) was the custodian and/or had placement authority, and those whose treatment is funded solely by CFSD, JJ, or DOC.

This is the biannual report to the Legislature covering the second half of SFY18 (1/1/18 through 6/30/18) and includes only children who were in treatment out-of-state (OOS) on or after January 1, 2018 and on or before June 30, 2018. During this reporting period there were youth who received treatment in more than one out-of-state facility. These youth are only counted once regardless of the number of unique out-of-state facilities. In addition, some youth had both CFSDCFSD and JJ or DOC involvement so those youth are only counted once as well.

**Definitions**

"Psychiatric Residential Treatment Facility" means a facility accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), Council on Accreditation (COA), or the Commission on Accreditation of Rehabilitation Facilities (CARF) or any other organizations designated by the Secretary of the United States Department of Health and Human Services as authorized to accredit psychiatric hospitals for Medicaid participation, and which operates for the primary purpose of providing residential psychiatric care to persons under 21 years of age. The youth must meet the

Montana Medicaid Serious Emotional Disturbance (SED) criteria for PRTF services. The federal definition of Inpatient Psychiatric Services for Individuals Under Age 21 can be found in the Code of Federal Regulations, Title 42, Part 441, Subpart D, and the specific service requirements for Psychiatric Residential Treatment Facilities can be found in the Children’s Mental Health Bureau Medicaid Services Provider Manual.

“Therapeutic Group Home (TGH)” means a treatment facility providing therapeutic services licensed and under contract with the department as a youth care facility with the supervision and intensity of treatment required to manage and treat up to eight youth who meet the SED diagnosis and functional impairment criteria as determined by the department. The definition of Therapeutic Group Home can be found in the Administrative Rules of Montana, Title 37, Chapter 97, subchapter 102 and the specific service requirements can be found in the Children’s Mental Health Bureau Medicaid Services Provider Manual.

### **Organization of Report**

The organization of this report follows the list of required report variables prescribed in statute. The number of youth receiving treatment out-of-state by agency is discussed first, followed by the cost and reasons each youth was placed out-of-state. Care is given to describe the reasons for treatment in out-of-state (OOS) psychiatric residential treatment facilities (PRTF), rather than in-state PRTF. Next, the report focuses on potential factors relating to treatment in an OOS PRTF. Finally, attention is given to ways that the CMHB and contributing agencies are working to reduce the number of youth receiving treatment OOS.

**Number of Youth receiving treatment in Out-of-State PRTFs**

Table 1

*Number of Youth receiving treatment in OOS Psychiatric Residential Treatment Facilities*

<b>Funding Source</b>	<b>1/1/16-6/30/16</b>	<b>7/1/16-12/31/16</b>	<b>1/1/17-6/30/17</b>	<b>7/1/17-12/31/17</b>	<b>1/1/18-6/30/18</b>
Parent or guardian placement authority with Medicaid Funding	51	46	45	54	37
CFSD/CFSD placement authority with Medicaid Funding	24	11	15	13	8
DOC placement authority with Medicaid Funding	0	1	1	1	0
JJ placement authority with Medicaid Funding	21	12	6	6	6
Number of youth with both CFSD and either Juvenile Justice or Department of Corrections involvement, funded by Medicaid	0	0	0	1	1
CFSD Funding	8	7	16	17	10
DOC Funding	0	1	0	2	1
JJ Funding	1	9	6	8	2
Number of youth placed by and funded with both CFSD and either DOC or JJ	1	0	3	0	0
Total youth treated in out-of-state PRTF during period with Medicaid funding for all or part of their stay	96	70	67	75	52
Total youth treated in out-of-state PRTF during period without Medicaid funding	10	17	25	27	13
Total youth treated out-of-state during period with multiple funding sources	1	0	3	0	0

**Number of Youth Receiving Treatment in OOS Therapeutic Group Home**

Table 2

*Number of Youth receiving treatment in OOS Therapeutic Group Home 1/1/18-6/30/18*

<b>Funding Source n=70</b>	<b>Number of Youth</b>
Parent or Guardian placement authority with Medicaid Funding	20
CFSD placement authority with Medicaid Funding	3
DOC placement authority with Medicaid Funding	0
JJ placement authority with Medicaid Funding	40
Number of youth with both CFSD and either JJ or DOC involvement, funded by Medicaid	0
CFSD placement authority ineligible for Medicaid Funding	4
DOC placement authority ineligible for Medicaid Funding	1
JJ placement authority ineligible for Medicaid Funding	2
Number of youth with both CFSD and either DOC or JJ involvement ineligible for Medicaid Funding	0
Total youth treated in out-of-state TGH during period with Medicaid funding for all or part of their stay	63
Total youth treated in out-of-state TGH during period without Medicaid funding	7
Total youth treated in out-of-state TGH with multiple funding sources	5

### **Costs for Each Youth and Average Lengths of Stay**

For the period of January 1, 2018 through June 30, 2018 the average cost per youth per Therapeutic Group Home stay was \$59,800 and for Psychiatric Residential Treatment Facility it was \$146,850. The Average Lengths of Stay for youth in TGH and PRTF during the reporting period were 325 days and 330 days, respectively. The average cost per youth was obtained by taking the average of costs per day for those youth with a reported cost during the reporting time period. The average lengths of stay were obtained by taking an average of the number of covered days for youth during the reporting period. It should be noted that costs provided by agencies varied for same placement types. Best efforts were made to reconcile these cost variances.

Table 3

*Average Cost per Youth in Out-of-State Placement 1/1/18-6/30/18*

	<b>TGH</b>	<b>PRTF</b>
Average length of stay	325 days	330 days
Average cost per day	\$184	\$445
Average cost per youth for stay	\$59,800	\$146,850

### **Reasons Youth are Treated in OOS Facilities**

The authorization process and medical necessity requirements are the same for in-state TGH and OOS TGH, however, Regional Resource Specialists for the Children’s Mental Health Bureau, work with providers and families to exhaust in-state TGH placement options before a youth is referred to an OOS TGH.

Treatment in an OOS PRTF funded through Medicaid can only occur after a youth has been determined to meet medical necessity criteria for PRTF level of care and has been denied admission by all in-state PRTFs. In order to meet medical necessity criteria for PRTF, 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, 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.

Table 4 shows the percentage of all denials which can be attributed to each denial reason as reported on initial stay requests. The most common reasons youth are denied in-state is due to aggression, lack of bed availability, and the condition of the youth being one that cannot be treated by the facility (too acute, sexualized behaviors, or substance use disorder). Additionally, reasons include autism spectrum disorder, intellectual disability, or physical health needs. These are included in the “other category.” In many cases, multiple reasons for denial were noted or each in-state PRTF indicated a different reason for denial. In those cases, the denial reason occurring in 2 of 3 was selected. Agencies using non-Medicaid funding sources did not list denials, as this is not required within their agencies.

Table 4

*In-state PRTF Denial Reasons for Medicaid-Eligible Youth 1/1/18-6/30/18*

Denial Reason	Percentage of All Denials
Has met maximum benefit from in-state PRTF treatment	39%
Unable to treat current condition (too acute, sexualized behaviors, or substance use disorder)	32%
Aggression	19%
No Beds	9%
Not a good fit with the current milieu	6%
Elopement Risk	4%
Other (special circumstances or needs that the facility cannot address and/or meet)	27%

**Serious Emotional Disturbance (SED) Diagnosis**

Table 5 shows the instances of Serious Emotional Disturbance (SED) diagnosis for youth being treated in OOS residential programs. The primary diagnosis is found in either the Magellan database, in claims data, or as reported by the placement agency.

Table 5

*Instances of SED Diagnosis 1/1/18-6/30/18*

SED Diagnosis	Percentage of Youth with Diagnosis
Depressive Disorders	33%
Trauma and Stressor Related Disorders	25%
Bipolar and Related Disorders	12%
Disruptive and Impulse Control Disorders	9%
Neurodevelopmental Disorder	5%
Anxiety Disorder	1 youth
Schizophrenia spectrum	1 youth

### **Reducing Number of Youth Receiving Treatment in OOS Facilities**

The Children's Mental Health Bureau has implemented policy changes in recent years to reduce the number of youth that are going out-of-state for treatment. These include the implementation of updated, more specific, medical necessity criteria for both Therapeutic Group Home and Psychiatric Residential Treatment Facility and reviewing medical necessity every 30 days for Psychiatric Residential Treatment Facilities. Additionally, Regional Care Coordinators and Regional Resource Specialists have taken on a more collaborative role with out-of-state Psychiatric Residential Treatment Facilities, Therapeutic Group Home providers, and community mental health providers to ensure that youth are being treated in the least restrictive level of care at the earliest possible time in their home communities.

Other agencies contributing to this report also provided comments on their efforts to also reduce out-of-state placements.

When the Department of Corrections is faced with a youth in need of an out-of-home placement, the goal of the Department of Corrections is to always take full advantage of all appropriate in-state services and placements available throughout the State of Montana that will exemplify the youth's strengths, address their short and long-term treatment needs, and insure the safety of the youth. The Department of Corrections meets this goal by involving an individualized treatment team for each youth in need of an out-of-state placement. The treatment team consists of the youth, the youth's parent/s and or guardian/s, the youth's parole officer and or the youth's case manager, and professionals from the community from which the youth originated from. This team holds a youth's success in becoming a productive member of society as an attainable and fundamental outcome of any youth in need of intervention. This team's first source of placement is within the State of Montana. If there is a therapeutic group home or treatment facility that can adequately address the treatment criteria established for each individual youth, then those Montana facilities are contacted first. An out-of-state placement is the last consideration for placement. Prior to any out-of-state placement, applications are made to no less than three residential facilities in the State of Montana. If those facilities deny the youth, then placement would be pursued out-of-state.

The goal of Youth Court Services (Juvenile Justice) is to utilize community-based services to the extent possible when addressing the needs of the youth we serve. When a case requires placement in a residential setting, all attempts are made to access facilities that are least restrictive and in the best interest of the youth. Efforts are always made to look to in-state programs prior to referring to out-of-state sources.

The Child and Family Services Division of the Department of Public Health and Human Services works collaboratively with Montana Medicaid and the Children's Mental Health Bureau to ensure that youth are placed in-state whenever possible, and that Medicaid funding is utilized when available. CFSD's Residential Program Manager participates in weekly phone calls with the Children's Mental Health Bureau and the utilization contract manager to work towards in-state placements when youth are placed at an out-of-state residential program.

## **Number of In-State Providers Participating in Pool**

### **In-State Psychiatric Residential Treatment Facilities:**

Shodair Children's Hospital, Helena, MT  
Acadia Montana, Butte, MT  
Yellowstone Boys and Girls Ranch, Billings, MT

### **In-State Therapeutic Group Homes:**

#### **Youth Dynamics**

Rimview Group Home,  
S.T.A.R. Youth Group Home, Billings, MT  
Rivers Edge, Billings, MT  
Choices Group Home, Boulder, MT  
New Beginnings, Boulder, MT  
New Journey Home, Boulder, MT  
Opportunity Home, Boulder, MT  
Lewis & Clark Youth Home, Helena, MT

#### **AWARE**

Brandon Way Group Home, Missoula, MT  
Castle Pines, Great Falls, MT  
Clark Fork Group Home, Anaconda, MT  
Ernest Group Home, Missoula, MT  
Franklin Group Home, Missoula, MT  
Gilbert Group Home, Missoula, MT  
Gold Creek Group Home, Anaconda, MT  
Lost Creek Group Home, Anaconda, MT  
Mount Powell Group Home, Anaconda, MT  
Ottawa Group Home, Butte, MT  
Pinski House, Great Falls, MT  
Pintlar Group Home, Anaconda, MT  
Washoe Group Home, Anaconda, MT  
Whiteway Group Home, Butte, MT  
West Villard, Missoula, MT

#### **Excel**

Excel Group Home, Billings, MT

#### **Kairos**

Portage Place Youth Home, Great Falls, MT

#### **New Day**

New Day Inc, Units 1 through 5, Billings, MT  
New Day Inc, Unit 7, Billings, MT

## **Out-of-State Medicaid Enrolled Providers**

### **Out-of-State Psychiatric Residential Treatment Facilities:**

Benchmark Behavioral Health, Woods Cross, UT  
Coastal Harbor, Savannah, GA  
Copperhills Youth Center, West Jordan, UT  
Desert Hills, Albuquerque, NM  
Detroit Behavioral Institute, Detroit, MI  
Devereux Cleo Wallace, Westminster, CO  
Devereux Georgia, Kennesaw, GA  
Devereux Texas, League City, TX  
Havenwood Academy, Cedar City, UT  
KidsPeace, Orefield, PA  
Lakeland Behavioral Health, Springfield, MO  
Millcreek of Arkansas, Fordyce, AR  
Oasis Behavioral Health, Chandler, AZ  
Piney Ridge Center, Waynesville, MO  
Provo Canyon School, Provo, UT  
Teton Peaks, Idaho Falls, ID  
Wyoming Behavioral Institute, Casper, WY  
Youth Health Associates, Bountiful, UT

### **Out-of-State Therapeutic Group Home**

Normative Services, Sheridan, WY  
Mountain Home Academy, Mountain Home, ID