

Children, Families, Health and Human Service Interim Committee
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Two primary reasons youth needed intensive mental health services cannot be served in Montana:

1. Costs
2. Capacity

Out-of-state providers are reimbursed at significantly higher rates than in-state providers. Capacity issues have been exacerbated by the workforce crisis.

Costs:

According to the Children’s Mental Health Bureau, a majority sent out-of-state for care fall into one of five categories:

1. Young Children (10 and below)
2. Medically Complex Youth
3. Youth with Sexual Behavior Problems
4. Developmentally Disabled Youth with Comorbidities
5. Highly Aggressive Youth

Programs for these youth tend not to exist in Montana due to higher costs and lack of reimbursement.

Out-of-State providers receive 133% of in-state rate, plus the full cost of educational services.

	Approximate Daily Rate	Approximate Education Funding	Total Reimbursement
In-State	\$350	\$55	\$405
Out-of-State	\$465.50	\$150	\$615.50

Montana not only sends youth out of state for care, but we also send money and jobs. Many of these youth are sent as far away as Georgia. Youth sent out of state tend to return with fewer supports and connections, and with long-term worse outcomes. For young children sent out of state, many of them remain in and out of the system until age 18.

Capacity:

	20-Oct	20-Nov	20-Dec	21-Jan	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	21-Sep	Average
YBGR Referrals	68	72	71	85	81	81	113	127	103	93	93	90	90
Intake	9	8	18	6	8	12	11	13	12	9	15	4	10

Current YBGR Licensed Capacity: 88

Current YBGR Staffed Capacity: 70

Potential YBGR Capacity: 117

Current Montana Youth Served in Out-of-State PRTF: 90

Suggestions:

1. Increase In-State PRTF rates to competitive level to reduce flow out-of-state.
2. Prioritize return of Out-of-State youth through improved tracking and prioritization.
3. Invest in building programs for the high need groups, with a priority on young children. Attention must be paid to higher costs of the population and start up needs.
4. Invest in lower levels of care to intervene earlier, preventing youth from needing out-of-state care.

Costs may be paid through inherent savings involved in reducing youth sent out of state. ARPA funds may be explored for initial investment, justified by decreased COVID exposure risk.