Report to the Montana Legislature

Required Out-of-State Placement and Monitoring Report
July 1, 2013 through December 30, 2013
Submitted February 28, 2014

The following statutorily required report is completed by the Montana Department of Public Health and Human Services (DPHHS), Children's Mental Health Bureau, 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 blended funding).

The report includes only children who were placed out of State (OOS) on or after 7/1/2013 (SFY14, first half) and on or before 12/31/13. There will be a second biannual report to the Legislature covering the second half of SFY14 (1/1/14 through 6/30/14). Previous 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.

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 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 OOS PRTF.

Number of Youth Placed in Out of State PRTF

Table 1 shows the number of youth placed in OOS PRTF between the first day of July and the last day of December in 2013.

Table 1. Number of Youth Placed in OOS Residential Treatment Facilities, 7/1/13-12/31/13	
Placed by Parent or Guardian with Medicaid Funding	15
Placed by Child and Family Services (CFS) Division with Medicaid Funding	9
Placed by Department of Corrections (juvenile parole) with Medicaid Funding	1
Placed by District Court (juvenile probation) with Medicaid Funding	4
Youth placed by Child and Family Services ineligible for Medicaid Funding	1
Youth placed by Department of Corrections without Medicaid Funding	2
Youth placed by District Court without Medicaid Funding	0
Number of youth with both CFS and either Department of Corrections or District Court involvement	4
Total youth placed during period with Medicaid funding	**26**
Total youth placed during period without Medicaid funding	**2**

In Table 1, the total number of Medicaid youth is equal to 29 (15+9+1+4). Three of these youth have both Child and Family Services and either Department of Corrections or District Court involvement, thus the total number of youth placed with Medicaid funding is equal to 26 (29 minus 3). The fourth youth with both Child and Family Services and probation or parole involvement is accounted for in the non-Medicaid funded youth.

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), 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.

Number of Youth Placed in Out of State Therapeutic Group Home

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 July and December of 2013.

Table 2. Number of Youth Placed in OOS Therapeutic Group Home (Normative Services), 7/1/13-12/31/13	
Placed by Parent or Guardian with Medicaid Funding	3
Placed by Child and Family Services (CFS) Division with Medicaid Funding	11
Placed by Department of Corrections (juvenile parole) with Medicaid Funding	0
Placed by District Court (juvenile probation) with Medicaid Funding	7
Youth placed by Child and Family Services ineligible for Medicaid Funding	0
Youth placed by Department of Corrections without Medicaid Funding	0

Youth placed by District Court without Medicaid Funding	8
Number of youth with both CFS and either Department of Corrections or District Court involvement placed	7
Total youth placed during period with Medicaid funding	**14**
Total youth placed during period without Medicaid funding	**8**

In Table 2, the total number of Medicaid youth is equal to 21 (3+11+7). Seven of these youth have both Child and Family Services and either Department of Corrections or District Court involvement, thus the total number of youth placed with Medicaid funding is equal to 14 (21 minus 7).

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 conduct disorder (which is not a covered Medicaid diagnosis), sexual offender, substance abuse, or physical health issues. Table 3 shows those placements for the second half of 2013.

Table 3. Number of Youth Placed in OOS Non-Medicaid Facilities, 7/1/13-12/31/13	
Placed by Child and Family Services (CFS) Division	6
Placed by Department of Corrections (juvenile parole)	1
Placed by District Court (juvenile probation)	5
Number of youth with both CFS and either Department of Corrections or District Court involvement placed	5
Total Youth Placed in OOS Non Medicaid Facilities	7

In Table 3, the total number of youth placed is equal to the number of youth in rows 1 through 3 (6+1+5=12) minus the number with both child and family services and either probation or parole involvement (5).

Specific descriptions of non-Medicaid programs are listed below.

Woodward Academy, Woodward, IA

Woodward Academy is a residential facility specializing in treatment for adolescent males with issues with conduct or sexual offenses.

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).

Healing Lodge of the Seven Nations, Spokane, WA

This program is a residential chemical dependency treatment center funded by Indian Health Services and the State of Washington.

Smith Agency, Aurora, CO

Smith Agency is a developmental disabilities services provider. They also serve children with high medical needs.

Rite of Passage, Queen Creek, AZ

Rite of Passage is a program operated by Canyon State Academy. It is a boarding school program for youth with conduct issues.

Costs for Each Youth

Table 4 lists the costs associated with OOS PRTF Placements. Please note that the costs in Table 4 that are 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 FFY12 it was 66.11; for FFY13 it was 66.33. This means that about one third of the cost of placement 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, 7/1/13-12/31/13

1. $15,000*	2. $29,561*	3. $24,327
4. $10,094*	5. $22,050*	6. $10,500
7. $27,650*	8. $22,400*	9. $23,772
10. $37,100*	11. $15,502*	12. $12,735
13. $24,300*	14. $21,700*	15. $28,692
16. $19,600*	17. $45,375*	18. $14,350
19. $10,800*	20. $18,300*	21. $44,511
22. $23,100*	23. $15,050*	24. $450
25. $4,687*	26. $21,375*	27. $1447
28. $1,128*	29. $18,200*	30. Unknown*and**
31. $4,550*	32. $21,375*	33. Unknown*and**
34. $10,800*	35. $18,200*	

*Medicaid Placement

**Stay not billed as of date of this report

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 completed a thorough analysis of these letters for this report. One of the in-state PRTF's cited "No current beds available" as the reason for denial 60% of the time. Severe sexual offenders, who are not served by any of the in-state PRTFs, were denied another 20% of the time. The PRTF cited a history of PRTF placements without response to placement 10% of the time. Other denial reasons were low IQ and complicating medical issues.

The second in-state PRTF cited lack of progress in treatment 30% of the time, sex offense as the denial reason 20% of the time, inability to serve the youth in question in the milieu 20% of the time, behaviors associated with conduct disorder (antisocial behavior) 10% of the time, and no bed available 20% of the time.

The third in-state PRTF cited sexual offenses as the reason for denial 30% of the time, antisocial behavior/aggression as the reason for denial 20% of the time, lack of progress in treatment 15% of the time, low IQ 15% of the time, and untreated chemical dependency (not mental health) as the primary issue 10% of the time. Another 10% of the time this PRTF did not cite a reason for denial of services.

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.

Sexual offenders are a difficult population to treat in the state of Montana. For the youth who had a sexual offense during this period, the sexual offense was almost universally the reason given for denial of in-state services. Although Montana does not cover sexual offense as the primary diagnosis under children's mental health services, youth with other diagnoses also exhibit sexually reactive behavior and sexually reactive behaviors that can make treatment difficult. One of the youth sent for treatment by the Department of Corrections (non-Medicaid) was also a sexual offender. The problem may be that although there is a need for this type of treatment, the population of sexual offenders is not high enough in the State to merit a treatment center for them. Certainly, fewer than ten youth sent out of state for this issue in a year do not signify the need for an in-state facility. **The Children's Mental Health Bureau intends to monitor this population at present.**

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 some 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** have been holding a series of meetings to explore ways to treat the population of youth who exhibit the symptoms of oppositional defiant disorder and conduct disorder within the State. Recently the Children's Mental Health Bureau in cooperation with Georgetown University has conducted trainings on Parent-Child Interaction Therapy, an evidence-based practice designed to treat oppositional behavior in young children, with the goal of treating the behavior while children are young and hopefully prevent escalation into conduct disorder. The Child and Family Services Division intends to endorse the use of this therapy in its IV-E Waiver.

One PRTF cited substance abuse as reason for denial of services. Youth with a serious emotional disturbance coupled with a co-occurring substance abuse diagnosis are a population that Montana is currently exploring through 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 and agencies and introduce evidence-based practices for addressing adolescent co-occurring substance disorders to Montana as well as increase the workforce who can address these issues. Additional partners include public health, juvenile justice, child welfare, and schools.

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 the Developmental Disabilities Division since inception of the division. **The Division is actively exploring additional opportunities to continue to address the needs of this population**.

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.**

Next Steps

The Children's Mental Health Bureau is concerned about the youth who are being referred out of state due to **lack of available beds** and intends to pursue the reasons for lack of beds. This was given as a reason for denial of services at one in-state PRTF 60% of the time and by another in-state PRTF 20% of the time. Perhaps the in-state PRTFs are nearing capacity due to increased population.

The question of addressing youth who exhibit severe functional impairment associated with a mental illness and who have not been responsive to treatment is also something that the Children's Mental Health Bureau intends to explore further. The question remains, if a youth has been unresponsive to treatment in-state, what is it about a specific OOS provider that give a chance of better outcomes? It is clear that once a youth is sent out-of-state, discharge takes a long time. Although the total number of youth referred out of state in the last six months is relatively low, the number of youth who are in out-of-state placements continues to grow. **Youth are not discharging as fast as they are entering**. **Therefore the Children's Mental Health Bureau needs to evaluate the need for more in-state capacity as well as the treatment effectiveness of out-of-state providers.**

Table 5 shows the number of youth in placement in-state and out-of-state over time. As one can see from the table the total number of youth in placement is not growing as fast as the percentage in OOS placement. So, at first blush it would seem that Montana has lost capacity since 2009 for Montana Medicaid youth in in-state PRTFs. This will require further study and conversations with providers in order to better understand the trend.

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

Number of Youth Participating in the Pool

Pursuant to HB565 and effective October 26, 2012, Children's Mental Health Bureau (CMHB has supplied 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) to be posted.

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.