

# DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

## HB 589: OUTCOMES SUMMARY 2017

Children, Families, Health, and Human Services Interim Committee

June 21, 2018      Overview

### 1. HB 589 Background and Description

Passed in the 2017 Legislature, HB 589 requires the Department of Public Health and Human Services (DPHHS) to monitor the status of youth receiving State funded Targeted Case Management (TCM) services for mental health reasons each fiscal year to determine whether, while receiving services, the children remain at home; in school; and out of trouble.

### 2. Project Process

The Children's Mental Health Bureau (CMHB) collaborated with case management providers to: define survey questions, create the survey template, and establish a timeline for completion of the data collection. Technical assistance was offered by the bureau during an online kick-off meeting and individually to providers as needed. All providers submitted data during the expected timeframe. CMHB received data on 2,774 youth receiving TCM.

### 3. High-Level Findings

The reporting period for the following findings is the 12 months prior to September 2017.

#### At Home

- 77% of youth were reported to be living in the home.
- 17% of youth returned from an out of home placement (acute, psychiatric residential treatment facility, therapeutic group home).
- 23% of youth went to an out of home placement while receiving case management.
- 4% of youth returned from foster placement.
- 10% of youth went to a foster placement while receiving case management.

#### In School

- 2% of youth dropped out and returned to school.
- 3% of youth dropped out of school.

#### Out-of-Trouble

- 2% of youth were placed in a correctional setting.
- 2% of youth returned from a correctional setting.
- No youth completed suicide.
- 4% of youth had attempted suicide.
- 4% of youth had substance abuse treatment.
- 7% of youth had youth court involvement.

## Survey Questions

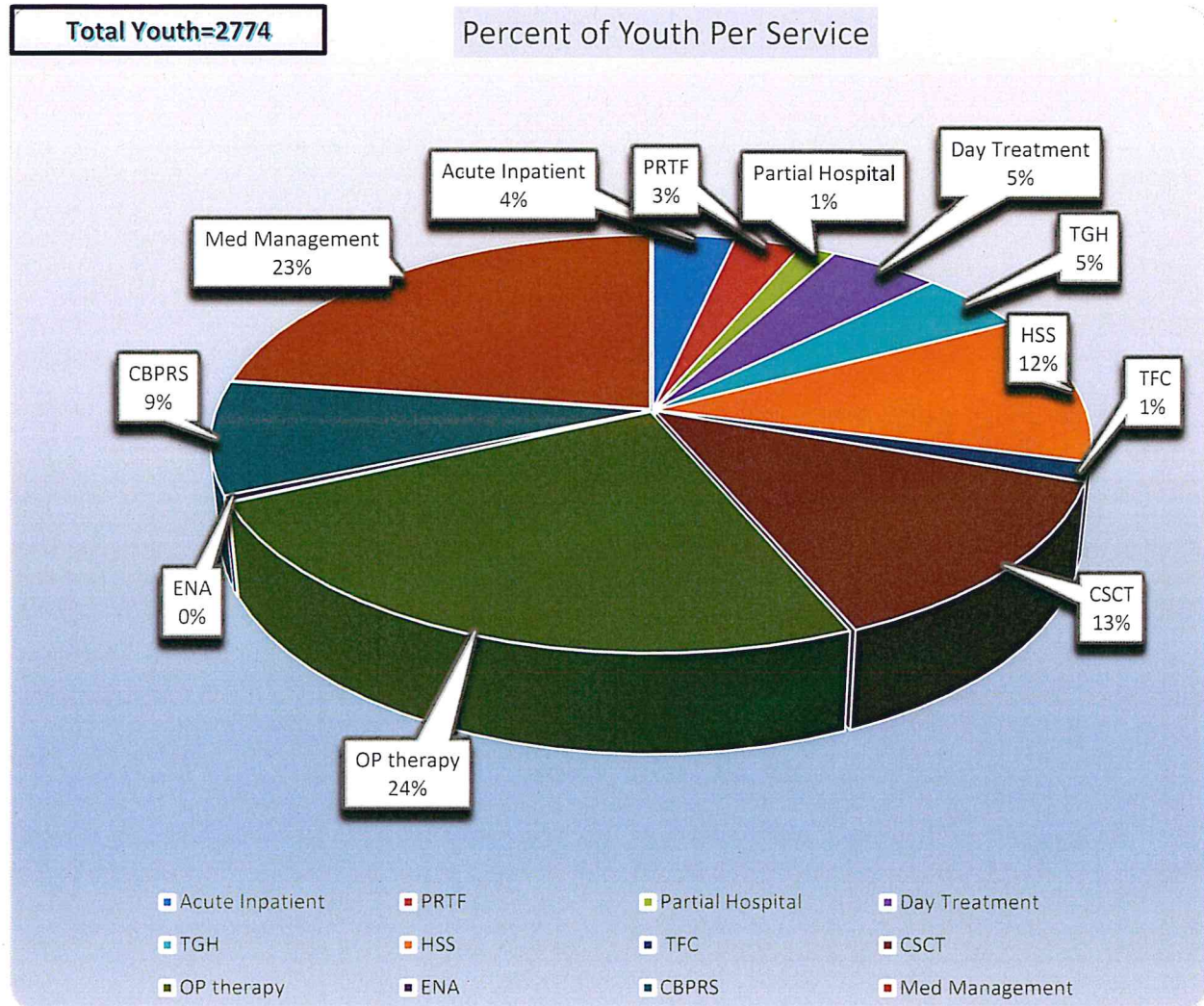
Survey Question	Measurement	HB 589 section
1 Responsible targeted case manager for caseload during the month.	Caseload numbers	NA
2 The youth's Medicaid Number.	Reconcile with Medicaid claims	NA
3 Did youth live in the home with parents or relatives during case management services within the past 12 months?	Remain in home	Section (2)(a)
4 Did youth return to home with parents or relatives from an out of home placement while receiving targeted case management services in the last 12 months. Out of Home Placement means an acute, psychiatric residential treatment facility, or therapeutic group home stay.	Remain in home	Section (2)(a)
5 Did youth receive out-of-home mental health services while receiving case management services in the past 12 months? Out of Home Placement means an acute, psychiatric residential treatment facility, or therapeutic group home stay.	Remain in home	Section (2)(b)
6 Was youth home, then placed in foster care while receiving case management in the past 12 months?	Placed in Foster Care	Section (2)(c)
7 Did youth leave a foster placement and return home while receiving case management in the last 12 months?	Placed in Foster Care	Section (2)(c)
8 Was youth home then placed in a correctional setting while receiving case management in the past 12 months?	Out of trouble	Section (2)(c)
9 Did youth return home from a correctional setting while receiving case management within the last 12 months?	Out of trouble	Section (2)(c)
22 What entity that has legal custody of the youth currently?	Custody	Section (1)
23 Did the youth drop out of school and return to school while receiving case management within the last 12 months?	In School	Section (3) (a)
24 Did the youth drop out of school during case management services within the last 12 months?	In School	Section (3) (a)
25 Did youth advance to the next grade level while receiving case management within the last 12 months? If youth's is in the progression of the school year, please indicate "in school".	In School	Section (3) (b)

26 Did youth receive treatment for substance use while receiving case management services within the last 12 months?	Substance abuse services	Section (4) (a)
27 Did the youth attempt suicide while receiving case management services within the last 12 months?	Attempt Suicide	Section (4)(c)
28 Did the youth complete suicide while receiving case management services within the last 12 months?	Complete Suicide	Section (4)(c)
29 The gender youth identifies with?	Gender	NA
30 What is youth's current age?	Age	NA
31 Did youth have youth court involvement while receiving case management services within the last 12 months?	Out of trouble	Section (4) (b)
32 What date did the youth begin case management services?	Length in case management.	NA

## Mental Health Services Received

The department shall monitor the following factors to determine whether children receiving targeted case management services are able to return to or remain at home: (d) the number and types of home and community-based services that children received.

Question: What mental health services did the youth receive while receiving case management and in the last 12 months?



Service	Acute	PRTF	Partial	Day Tx	TGH	HSS	TFC	CSCT	OP	ENA	CBPRS	Med Man
# of Youth	267	215	113	362	351	877	107	1000	1853	32	661	1717

## Service Definitions

<b>Service</b>	<b>Description</b>
<i>Acute</i>	<i>Acute care psychiatric hospitals are psychiatric facilities that are devoted to the provision of inpatient psychiatric care for persons under the age of 21. Inpatient hospitalization is the placement of youth in a hospital for observation, evaluation, and/or treatment. Services are medically oriented and include 24-hour supervision; services may be used for short-term treatment and crisis stabilization. A youth might be admitted to an acute hospital if s/he is considered dangerous to self or others.</i>
<i>Psychiatric Residential Treatment Facility (PRTF)</i>	<i>Psychiatric residential treatment is 24-hour non-acute secure facility setting for active interventions directed at addressing and reducing the specific impairments that led to the admission and at providing a degree of stabilization that permits safe return to the home environment and/or community-based services. A PRTF is a secure residential facility that typically serves 10 or more children and youth and provides 24-hour staff and psychiatrist supervision, and may include individual therapy, group therapy, family therapy, behavior modification, skills development, education, and recreational services. Lengths of stay tend to be longer in residential treatment centers than in hospitals.</i>
<i>Partial Hospital</i>	<i>Partial Hospital Program (PHP) is provided by a licensed hospital by licensed and credentialed professionals under the direction of a physician with frequent nursing and medical supervision. Treatment is intensive and is provided in a supervised environment by a multi-disciplinary team of qualified professionals which may include board eligible or certified psychiatrists, clinicians, registered nurses, licensed mental health professionals, and other ancillary staff. This service does not include 24 hour supervision.</i>
<i>Day Treatment</i>	<i>Youth Day Treatment services are a set of mental health services provided in a specialized classroom setting (not a regular classroom or school setting) and integrated with educational services provided through full collaboration with a school district. The services are focused on building skills for adaptive school and community functioning and reducing symptoms and behaviors that interfere with a youth's ability to participate in their education at a public</i>

	<i>school, to minimize need for more restrictive levels of care and to support return to a public school setting as soon as possible.</i>
<i>Therapeutic Group Home (TGH)</i>	<i>A community-based treatment alternative provided in a structured group home environment. TGH is appropriate for youth requiring specific therapeutic treatment services and social supports which require higher intensity of specific therapeutic services and social supports than are available through traditional outpatient services and exceed the capabilities of support systems for the youth.</i>
<i>Home Support Services</i>	<i>In-home therapeutic and family support services for youth living in biological, adoptive or kinship families who require more intensive therapeutic interventions than are available through other outpatient services. Services are focused on the reduction of symptoms and behaviors that interfere with the youth's ability to function in the family and facilitation of the development of skills needed by the youth and family to prevent or minimize the need for more restrictive levels of care.</i>
<i>Therapeutic Foster Care</i>	<i>Services are in-home therapeutic and family support services for youth living in a therapeutic foster home environment, for youth unable to live with their biological or adoptive parents, in kinship care, or in regular foster care</i>
<i>Comprehensive School and Community Treatment</i>	<i>A comprehensive planned course of community mental health outpatient treatment that includes therapeutic interventions and supportive services provided in a public school based environment in office and treatment space provided by the school. Services are focused on improving the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors in the school and community settings.</i>
<i>Outpatient Therapy</i>	<i>Services include individual, family, and group therapy in which psychotherapy and related services by a licensed mental health professional acting within the scope of the professional's license or a mental health center in-training mental health professional.</i>
<i>ENA Extraordinary needs aide (ENA)</i>	<i>Services are additional one-to-one, face-to-face, intensive short-term behavior management and stabilization services provided in the Therapeutic Group Home (TGH). ENA services are provided for youth</i>

	<i>who exhibit extreme behaviors that cannot be managed by regular staffing.</i>
<i>Community Based Psychiatric Rehabilitation and Support (CBPRS)</i>	<i>Services are adaptive skill building and integration services provided in person for a youth in home, school or community settings in order to help the youth maintain his participation in those settings. CBPRS may only be provided for youth at risk of out of home or residential placement or for youth under six at risk of removal from their current setting.</i>
<i>Medication Management</i>	<i>Treatment and monitoring services typically include the prescription of psychoactive medications by a physician (e.g., psychiatrist) that are designed to alleviate symptoms and promote psychological growth. Treatment includes periodic assessment and monitoring of the child's reaction(s) to the drugs(s).</i>