

**Report to the Montana Legislature
Required Out-of-State Placement Monitoring Report
July 1, 2017 through December 31, 2017**

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 Child and Family Services Division (CFSD), 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 Child and Family Services (CFS), Juvenile Justice (JJ), or Department of Corrections (DOC) was the custodian and/or had placement authority, and those whose treatment is funded solely by CFS, JJ, or DOC.

This is the biannual report to the Legislature covering the first half of SFY18 (7/1/17 through 12/31/17) and includes only children who were in treatment out of state (OOS) on or after July 1, 2017 and on or before December 31, 2017. During this reporting period there were children who received treatment in more than one out-of-state facility. These children are only counted once regardless of the number of unique out of state facilities. In addition, some children had both CFS and JJ or DOC involvement so those children 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. This definition can be found in the Code of Federal Regulations, Title 42, Part 441, Subpart D and the specific service requirements for Psychiatric Residential Treatment Facility 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. This definition 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

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. Next, the report focuses on potential factors relating to treatment in an OOS PRTF. Finally, attention is given to ways that the CMHB is working to reduce the number of youth receiving treatment OOS.

Number of Youth receiving treatment in Out-of-State PRTF’s

Table 1. Number of Youth receiving treatment in OOS Psychiatric Residential Treatment Facilities

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

Number of youth receiving treatment in OOS Therapeutic Group Home

Table 2. Number of Youth receiving treatment in OOS Therapeutic Group Home 7/1/17-12/31/17

Parent or Guardian placement authority with Medicaid Funding	26
CFSD placement authority with Medicaid Funding	23
DOC placement authority with Medicaid Funding	0
JJ placement authority with Medicaid Funding	33
Number of youth with both CFSD and either JJ or DOC involvement, funded by Medicaid	3
CFSD placement authority ineligible for Medicaid Funding	22
DOC placement authority ineligible for Medicaid Funding	0
JJ placement authority ineligible for Medicaid Funding	4
Number of youth with both CFSD and either DOC or JJ involvement ineligible for Medicaid Funding	0
Total youth treated in out of state PRTF during period with Medicaid funding	85
Total youth treated in out of state PRTF during period without Medicaid funding	26

Costs and Average Lengths of Stay

For the period of July 1, 2017 through December 31, 2017, the average cost reported per youth per out-of-state stay for Therapeutic Group Home was \$20,093 and \$41,509 for Psychiatric Residential Treatment Facility.

The average length of stay for youth in Therapeutic Group Homes and Psychiatric Residential Treatment Facilities during the reporting period were 297 days and 105 days, respectively. For youth receiving treatment in an out-of-state facility on and before July 1, 2017, their original admit date from the claim paid by Medicaid was used to calculate length of stay as of December 31, 2017.

Reasons Youth are treated in OOS facilities

There are no additional requirements for a youth to receive treatment in an OOS TGH, the authorization process and medical necessity requirements are the same as in state 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 three in-state PRTF's. 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 3 shows the percentage of all denials which can be attributed to each denial reason as reported on initial stay requests received and approved July 1, 2017 through December 31, 2017. The most common

reason 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 abuse for example). In many cases, multiple reasons for denial were noted.

Table 4 shows the instances of Serious Emotional Disturbance (SED) diagnosis for youth being treated in OOS PRTF. The Magellan database was reviewed to determine which SED diagnosis was present upon initial approval. It should be noted that the primary diagnosis is not identified in the Magellan system and some youth had more than one diagnosis and/or had more than one initial authorization so the primary diagnosis was not always clearly identified and is not reflected in this data.

Table 3. In-state denial reasons July 1, 2017 through December 31, 2017

Denial reason	Percentage of all denials
Aggression	27%
No Beds	25%
Unable to treat current condition (too acute, sexualized behaviors, or substance abuse)	22%
Has met maximum benefit from PRTF treatment	9%
Elopement Risk	7%
Other (special circumstances or needs that the facility cannot address and/or meet)	6%
Not a good fit with the current milieu	4%

Table 4. Instances of SED Diagnosis

SED diagnosis	Percentage of youth with diagnosis
Trauma and Stressor Related Disorders	26%
Depressive Disorders	24%
Disruptive and Impulse Control Disorders	18%
Neurodevelopmental Disorder	15%
Anxiety Disorder	8%
Bipolar and Related Disorders	6%
Gender Dysphoria	3%
Schizophrenia spectrum	1%
Obsessive Compulsive and Related Disorders	0%
Feeding and Eating Disorders	0%
Dissociative Disorder	0%

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, Billings, MT
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

Number of Out-of-State Providers Participating in Pool

List of 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

List of Out-of-State Therapeutic Group Home

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

Reducing Number of Youth that are 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.