

DOCUMENT PURPOSE:

- Agenda Item: Agency Oversight
 - ◊ DPHHS Director will discuss

Interim Report to the Montana Legislature
Required Out-of-State Placement and Monitoring Report
July 1, 2011 through December 31, 2011
Submitted January, 2012

(No. 3.5)

As defined in MCA 52-2-301(3), it is the policy of the state of Montana “to serve high-risk children with multiagency service needs within their home, community, region, and state, whenever possible, and to use out-of-state providers as a last resort.” The Department of Public Health and Human Services is required to report biannually to the Children, Families, Health, and Human Services Interim Committee concerning the information it has collected about out-of-state placements and the results of efforts to reduce out-of-state placements (MCA 52-2-311). *Reporting does not include out-of-state placements by Tribal Governments.*

This report includes information collected for the first half of SFY 2012 only.

Funding for Youth in Out of State Placement between 7/1/11 and 12/31/2011
Includes both Residential Treatment Facilities (PRTF) and Therapeutic Group Home (TGH)

Source of Funding for Placement	Medicaid Only	Medicaid plus at least one other state agency	State General Fund only	Total
Unduplicated number of youth in out of state PRTFs or TGH	33	24	19	76

- Information about youth in out of state acute psychiatric hospitals has been omitted. These admissions are generally brief, and are either in border hospitals or in a hospital near an out of state PRTF.
- For purposes of reference, the total number of youth in an out of state placement during the three previous state fiscal years was:

SFY 2009 (12 months) = 126

SFY 2010 (12 months) = 109

SFY 2011 (12 months) = 110

Placement Decisions for Youth in Out of State Placements: 7/1/2011 to 12/31/2011

76 youth were in out-of-state placements during the past six months.

Child and Family Services (CFS) Placements	Youth shared by CFS and JP	Juvenile Probation Placements (JP)	Dept of Corrections Placements	Not placed by a state agency but by legal guardian
18	1	22	3	32

State agencies use Medicaid funding for out of state placements whenever possible. However, sometimes a youth needing services or treatment out of state is not Medicaid eligible or needs services not funded by Medicaid. Therefore, circumstances which may cause a state agency to place a youth out of state using general fund include: the youth is not Medicaid eligible, Medicaid does not fund treatment for youth who do not have Serious Emotional Disturbance (SED), the services needed by the youth are not considered medical and are not funded by Medicaid, the youth's treatment does not meet the state's medical necessity criteria, or the facility is not enrolled in Montana Medicaid or eligible for funding from Montana Medicaid.

New Medicaid Funded PRTF Admissions 7/1/11 to 12/31/11

20 youth funded by Medicaid were admitted to an out of state PRTF during the first six months of SFT 2012.

Administrative rule requires a youth be denied admission by all three in-state PRTFs prior to going to an out-of-state PRTF. Beginning July 1, 2011 a fourth denial is required by the PRTF Waiver Program for youth living in counties the Waiver serves. Below are the reasons given by in-state PRTFs, and the PRTF Wavier program when applicable, for not admitting the Medicaid funded youth for this time period. Multiple reasons can be given for each youth, but at least one reason for each denial must be listed.

Rank order of reasons Medicaid funded youth not admitted to in-state PRTF:

History of multiple PRTF placements without response to treatment.	19
Severe violence/physical aggression. Facility can't assure safety.	18
Does not fit into current milieu.	8
Disregard for limit setting by staff, requiring 1:1 staff more that 75% of time.	7
Medical condition requiring specialized services beyond the capacity of facility.	7
One or only presenting problem is sexually reactive or sex offending behavior.	7
Youth/family unable to participate in PRTF Waiver Program.	6
Severe suicide risk based on multiple attempts over recent six month period.	3
Minimal response to psychotropic medications in reduction of severe psychiatric symptoms.	3
Lack of bed availability.	3

Established pattern of antisocial behavior with no documented response to treatment.	3
Developmentally disabled or IQ/neuro-psych deficits. Too impaired to benefit from treatment offered.	3
Primary presenting problem is chemical dependency. No prior substance abuse treatment and inpatient CD treatment is indicated.	3
Too acute for facility.	2
Fire setting behavior.	1
Legal guardian moving out of state.	1
Conduct disorder noted at previous placement at this facility.	1
Specific symptoms/diagnosis that is not responding to medical or psychological treatment.	1
Age inappropriate (too young or too old).	1
Needs both psychiatric and CD treatment which are not offered at this facility.	1

**Medicaid Admissions to Out-of-State Therapeutic Group Home (TGH)
7/1/11 to 12/31/11**

10 youth funded by Medicaid were admitted to Normative Services, Inc. in Wyoming during this period.

Efforts the Department has Initiated to Avoid Out-of-State Placements

The Children's Mental Health Bureau has initiated a variety of efforts to control, and where possible, reduce out-of-state placements in PRTF and TGH. The following activities have been in place or initiated during the past six months.

1. Before a youth is eligible for out-of-state placement in a PRTF, as of 7/1/2012 a denial from the PRTF waiver program is required for youth living in waiver sites, in addition to a denial from all 3 in-state PRTFs. The PRTF Waiver offers intensive in-home services and wraparound facilitation in addition to all of the other state plan services. Youth who live in any of the 5 sites (13 counties) covered by this program (Billings, Missoula, Helena, Great Falls and Kalispell) have this option now. The Department plans to make alternative in-home services and wraparound facilitation available statewide by 10/1/2012. CMHB is increasing the state's capacity to use wraparound facilitation in community based settings as an alternative to facility based treatment by offering wraparound facilitator and coach training regularly.
2. The Children's Mental Health Bureau has published the results of a survey of both in-state and out-of-state PRTFs, which lists the specialty care each facility provides and how it is provided. The results of the survey have been sent to in-state community providers and state agencies who place youth to assist them in finding appropriate in-state placements when possible and to guide appropriate out-of-state placements when

in-state placements are unavailable. This survey is available on the CMHB website and will be updated annually. During the next six months, therapeutic group homes will be surveyed to identify the specialty care available at this level of care.

3. Medicaid enrollment of new out-of-state PRTF providers remains suspended. Unless a youth needs specialty care not provided in-state, or no enrolled in-state provider will accept the youth, no new out-of-state PRTFs will be enrolled in Montana Medicaid.
4. CMHB will adopt rules to implement the requirements of HB 565. A designated pool of qualified in-state community providers will be invited to offer an alternative treatment plan before an out of state admission is authorized.
5. CMHB will adopt rules to require all PRTFs, both in-state and out of state, to begin using a common functional assessment tool at admission, at discharge, and at specified times during the stay, to provide data points that can be linked to improved youth and family functioning. The Department has chosen the Child and Adolescent Needs and Strengths assessment (CANS). This data will help the CMHB differentiate and determine which PRTFs providers can demonstrate consistent improved functioning as a result of treatment.