System of Care Report to the Montana Legislature Report & Recommendations as Required by House Bill 243

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The Montana Children's System of Care

Development of the Montana Children's System of Care

- During the 2003 Legislative Session, the Montana State Legislature expanded the responsibilities of the Multi-agency Children's Committee established by Senate Bill 454 in 2001, with Senate Bill 94 which directs the Director of the Department of Public Health and Human Services to establish a Children's System of Care Planning Committee to coordinate the development of the system of care.

Development of the Montana Children's System of Care *(cont.)*

- In October of 2003 the State of Montana, in partnership with the Crow Nation applied for federal funding to support development of Montana's system of care.

Development of the Montana Children's System of Care *(cont.)*

- In December 2004, Montana and the Crow Nation received a SAMHSA grant in the amount of $9,500,000 ($5,575,000 federal participation and $3,925,000 required state match) for a six year period (FFY 2005 through FFY 2010).

Development of the Montana Children's System of Care *(cont.)*

- After the SAMHSA grant was awarded to Montana in 2004, the System of Care Planning Committee also served as an advisory committee to the Children's Mental Health Bureau.

Development of the Montana Children's System of Care *(cont.)*

- In 2007, the System of Care Planning Committee became two subcommittees to improve the effectiveness of its work:
  - ✓ The System of Care Statutory Planning Committee meets monthly and has the statutory authority to work together to improve agency collaboration to support development of the system of care.
  - ✓ This committee receives recommendations from the Community Planning Committee which represents a diverse group of stakeholders, including 51% family members, youth and advocates.

Development of the Montana Children's System of Care *(cont.)*

- Purpose of the Subcommittees:
  - ✓ Develop policies aimed at eliminating or reducing barriers to the implementation of a system of care
  - ✓ Promote development of a quality array of core services in-state so that SED youth can avoid out-of-state placements
  - ✓ Encourage development of the infrastructure of the system of care by initiating the development of local interagency teams known as Kids Management Authorities (KMA)
  - ✓ Oversee administration of the federal Children's Mental Health Initiative – Substance Abuse Mental Health Services Administration (SAMHSA) grant, received in September 2004 for the development of the infrastructure for the state's system of care for children

KMA Overview

- The system of care was developed and implemented primarily through the infrastructure of the Kids Management Authority (KMA).
- Each KMA identified a fiscal intermediary who employed the KMA staff, who contracted with the state, and who was the responsible party for the management of the funds.

KMA Overview *(cont.)*

- KMA staff were trained in the wraparound process for coordinating care and assisting families' access services and supports.
- The KMA was intended as the model infrastructure that supported a comprehensive and statewide system of care.

Primary Functions of the KMA

- The development of a continuum of care within each respective community
- Case planning and coordination for individual youth with SED and their families

Psychiatric Residential Treatment Facility (PRTF) Waiver Program Overview

- Montana applied for and was awarded a Psychiatric Residential Treatment Facility (PRTF) Demonstration Grant through the Deficit Reduction Act of 2005 on October 1, 2007.
- This demonstration project is a five year grant which operates like waiver with the possibility of becoming a Home and Community Based Waiver at the end of the project.

Psychiatric Residential Treatment Facility (PRTF) Waiver Program Overview *(cont.)*

- The PRTF Demonstration Grant provides home and community based services as an alternative for youth who are at risk of out-of-home residential placement or currently in a residential treatment program, using a high fidelity wraparound services delivery model.
- Youth participating in the PRTF program must receive waiver services and Medicaid state plan services that do not exceed the cost of services provided in a psychiatric residential treatment facility.

Psychiatric Residential Treatment Facility (PRTF) Waiver Program Overview *(cont.)*

- Both the KMAs and the PRTF sites have supported the development of a system of care for children to be served in the least restrictive setting.
- Development of the proposed structures and processes in the PRTF sites was built on lessons learned through the SAMHSA grant and the KMAs.

Strengths of the Montana SOC Overall & the KMA Model in Particular

Strengths of the Montana SOC Overall & the KMA Model in Particular

- The Montana legislature has an established history of commitment to a system of care for children.
- The State Agencies are committed to system of care concepts and ideals. Along with the KMA model described in this document, there have been other initiatives by state agencies that reflect this commitment to wraparound process and values and community-based care.
  - ✓ Juvenile Probation is taking initiative in developing out-of-home alternatives for youth in the probation system. This has included using unspent dollars in the Juvenile Delinquency Intervention Program (JDIP) to fund prevention programs and other community based programs. JDIP funds are appropriated to the Department of Corrections and are allocated to district courts for delinquency intervention.
  - ✓ The Child and Family Services Division is utilizing the Family Group Conferencing model, and using wraparound principles in its work with families and youth. This includes efforts to identify and utilize natural supports and community-based alternatives whenever possible as alternatives to out of home placements.
  - ✓ The Children's Mental Health Bureau's PRTF Waiver program uses high fidelity wraparound to provide intensive services and supports in a community setting. Thus far the average cost per youth is far less than the average cost of a PRTF admission.

Strengths of the Montana SOC Overall & the KMA Model in Particular*(cont.)*

- The leaders of the State Agencies have an established history of working together.
- The KMAs worked diligently to involve a wide range of community stakeholders to address the needs of children and families, both from a system planning and case planning perspective. This culture of local community and stakeholder involvement is critical to effectively address the needs of children and families.

Strengths of the Montana SOC Overall & the KMA Model in Particular*(cont.)*

- KMA staff were strong supporters of community-based alternatives to out-of-home placements, and this was clearly reflected in their approach to case planning.
- There have been a number of examples of KMAs effectively facilitating multi-agency problem solving, both at the system and individual case levels.

Strengths of the Montana SOC Overall & the KMA Model in Particular*(cont.)*

- A number of stakeholders identified the effectiveness of the KMAs in working with "kids falling through the cracks" in the system. These were often youth and families who were not funded by one of other systems.
- There are many examples of KMAs working to actively empower both parents and youth in the treatment process. These efforts reflect the "voice and choice" philosophy of empowering families and youth that is central to the system of care.
- Both families and youth viewed the KMAs as advocates.
- Youth spoke highly of the value of Youth Support Groups, and the general supportive atmosphere of the KMAs.

Strengths of the Montana SOC Overall & the KMA Model in Particular*(cont.)*

- Parents report that case management provided by the KMA Parent Coordinator was instrumental in making the transition back home from acute hospitalization and residential treatment easier for both the child and the family.
- Youth and family report that working with the KMA was as a simple and easy process. KMA staff provided as much assistance as is needed with each family to help that family navigate the system.

Strengths of the Montana SOC Overall & the KMA Model in Particular*(cont.)*

- Families that utilize transportation assistance (i.e. gas cards) are more consistently attending required treatment, planning and support groups.
- There has been a reduction in the number of children in out-of-state placements, decreasing from 127 in FY 2009, to 100 FY 2010.
- Length of stay in residential placements has been decreasing over the last four years.

PRTF Outcomes for Families and Youth Served

- 26% of youth referred to the PRTF program were diverted from residential treatment placement
- 74% of youth participating in the PRTF program were transitioned from a residential treatment program
- Reduction in acute psychiatric hospital inpatient stays for youth participating in the PRTF Waiver Program

Barriers to the Successful Implementation of the Montana SOC Overall & the KMA Model in Particular

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- The financial model of the KMA was not self-sustaining. As grant funding decreased the KMAs were unable to generate adequate revenues to continue to function.
- The State's approach to relying on each community to replicate the KMA model did not allow for economies of scale.
- While the local community focus of the KMAs allowed the KMAs to be very responsive to the needs of their specific communities, at the same time it is unclear whether lessons learned and best practices developed in individual KMAs were fully leveraged to other communities.
- There does not appear to have been a consistent interpretation of the wrap-around model across all of the KMAs. This led to variations in approach which may or may not have reflected best practices.

Barriers to the Successful Implementation of the Montana SOC Overall & the KMA Model in Particular *(cont.)*

- Interviewees identified children with multiple needs who are involved in multiple systems as the most challenging in terms of developing a unified individual treatment plan. Contributing factors identified included:
  - ✓ The challenges of coordinating multiple funding streams. The KMAs had limited funds to pay for services delivered, and so would be in a facilitator/negotiator role with other entities when attempting to determine payment for needed services.
  - ✓ Lack of, or inconsistent attendance of key decision-makers at the local interdisciplinary team the meetings, which made it difficult to make decisions and implement planning in a timely fashion.
  - ✓ Those attending the interdisciplinary team meetings did not have the authority to make funding or policy decisions, again slowing down the decision-making needed for planning.

Barriers to the Successful Implementation of the Montana SOC Overall & the KMA Model in Particular *(cont.)*

- The willingness to develop cross-departmental solutions to serve the needs of children and families involved with multiple systems often appeared to have been the result of strong leaders committed to teamwork and willing to try innovative solutions to problems. While this leadership is necessary and commendable, the sustainability of this approach appears to be reliant on the commitment and effectiveness of individuals rather than anchored in the system. It was reported that a change in leadership could often result in a significant change in commitment to a true cross-departmental problem solving model.
- Funding rules remain a challenge for implementing a true system of care. Many of the supports and services utilized in a wraparound model may not qualify for payment as defined by funding rules. Also, Medicaid rules often have specific prohibitions against the blending of Federal funds with other dollars, making a "braided" model for funding streams required.

Assessment of Progress Toward the Goals for the Montana SOC Established in Legislation (52-2-301)

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- To provide for and encourage the development of a stable system of care, including quality education, treatment, and services for the high-risk children of this state with multiagency service needs, to the extent that funds are available

  Montana has demonstrated a strong commitment to a stable system of care, and has been quite successful in a number of areas, as noted above. At the same time, there are still barriers which will need to be addressed.

- To serve high-risk children with multiagency service needs either in their homes or in the least restrictive and most appropriate setting for their needs in order to preserve the unity and welfare of the family, whenever possible, and to provide for their care and protection and mental, social, and physical development

  There have been significant examples of initiatives in Montana to serve children in the least restrictive and appropriate settings, including the KMA model, the work of the Youth Courts, and the family group conferencing model used by the Child and Family Services Division

Assessment of Progress Toward the Goals for the Montana SOC Established in Legislation (52-2-301) *(cont.)*

- 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

  There has been a reduction in the number of children in out-of-state placements, from 127 in FY 2009, to 100 FY 2010.
- To provide integrated services to high-risk children with multiagency service needs

  While progress has been made towards this goal, families can still give examples of their experience with uncoordinated and unintegrated services.
- To contain costs and reduce the use of high-cost, highly restrictive, out-of-home placements

  Along with the reduction in out of state placements, length of stay in residential placements has been decreasing over the last four years.

Assessment of Progress Toward the Goals for the Montana SOC Established in Legislation (52-2-301) *(cont.)*

- To increase the capacity of communities to serve high-risk children with multiagency service needs in the least restrictive and most appropriate setting for their needs by promoting collaboration and cooperation among the agencies that provide services to children

  Collaboration and cooperation between agencies exists at the leadership level, and was implemented to varying degrees in selected local communities.

- To prioritize available resources for meeting the essential needs of high-risk children with multiagency service needs

  Much of the work of the KMAs was focused on developing available resources at the local level. While there were significant examples of this being done very well, barriers still remain.

Assessment of Progress Toward the Goals for the Montana SOC Established in Legislation (52-2-301) *(cont.)*

- To reduce out-of-home and out-of-community placements through a children's system of care account to fund in-state and community-based services that meet the needs of high-risk children with multiagency service needs in the least restrictive and most appropriate setting possible

  While the Legislature created the system of care account, it does not receive a specific appropriation. The KMAs had limited resources to fund direct service provision.

Recommendations

Recommendation One

- Ensure that the principles of parent and youth involvement and empowerment remain central tenets of the Montana system of care for families and youth

Recommendation Two

- Continue to convene the System of Care Community Planning Committee and the System of Care Statutory Planning Committee. These committees should be clearly tasked with:
  - ✓ Oversight of the Montana system of care for children and families
  - ✓ Maintaining the balance between the development of programming that meets the unique needs of local communities and the need for consistency in key areas:
    - Overall system quality assurance
    - Using outcome indicators to evaluate the effectiveness of the system of care
    - Overall system implementation of clinical and operational best practices
    - Encourage continuation of local interagency planning, including families, advocates and providers
  - ✓ Identification of barriers to implementing solutions to address the needs of children and families
  - ✓ Developing policies and procedures to eliminate system barriers as appropriate

Recommendation Three

- Expand the Psychiatric Residential Treatment Facility (PRTF) Waiver Program. This is a Medicaid 1915c waiver program with home and community based services with grant funding for start up and administrative costs. The program uses a high fidelity wraparound service model. Initial results have been very positive and this could be an excellent vehicle to more firmly anchor the system of care in Montana.

Recommendation Four

- Explore methods to address the funding issues for children served by multiple agencies, such as the braiding of funding streams. This is a very high-need group of children who ultimately will be very costly to the overall state budget. This can include:
  - ✓ Exploring waiver options that allow for flexibility in funding
  - ✓ Carefully exploring braided funding models

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