

**PROPOSAL TO THE
INTERIM CHILD, FAMILY, HEALTH & HUMAN SERVICES LEGISLATIVE COMMITTEE
APPROPRIATION BILL FOR YOUTH CRISIS DIVERSION SERVICES IN MONTANA**

Legislative Appropriation Request

The Children's Mental Health Bureau (CMHB) is currently funding four (4) youth crisis diversion projects. The projects located in Missoula, Helena, Billings, and throughout eastern Montana, have been funded through the Montana Mental Health Trust Fund and continue through June 30, 2015. The project in Great Falls and a state-wide training project are both supported with other limited funds and they will end on September 30, 2014. The purpose of the grants is to develop youth crisis diversion models that will help stabilize and divert youth from higher levels of care. The projects are requesting that the Interim CFHHS Legislative Committee consider forwarding an appropriations bill to the 2015 MT Legislature for funding directed to DPHHS to continue the development of youth crisis diversion in the state. With assistance from CMHB and through an analysis of current costs and experience, the projects are recommending funding of \$100,000 in each year of the biennium for six projects throughout the state for a total of \$1.2 million. Funds would be managed by CMHB through a competitive process. Following is the rationale for this request.

Introduction

Crisis response and immediate access to services for youth in crisis is an area of extreme need in the State of Montana. Addressing this requires a collaborative effort, an array of options, and adequate, accessible funding for effective services. The cost of developing an improved crisis response system will be offset by stabilizing families, saving lives and saving money by reducing the costs of youth being served in higher levels of care across systems. Most importantly it is an investment in the future of each child who faces such hard and traumatic emotional challenges.

Children's Mental Health Current Spending

In testimony at the June 25, 2014 Interim CFHHS Legislative Committee meeting Zoe Barnard, Bureau Chief for the CMHB stated that *"One study found that individuals who used hospital-based criteria services were 51% more likely to be subsequently hospitalized than users of community based services. In Montana, my staff recently noted that many youth receive limited mental health services prior to a residential treatment stay. Thirteen (13) of 95 youth (about 14%), in one snapshot fit these criteria: they received few or no services prior to placement in out of state facility. There are many potential reasons for this including lack of access, stigma, and not knowing who to ask for help until a crisis is truly acute. Community crisis services may address these gaps."*

- In FY '13 Medicaid spending for Psychiatric Residential Treatment Facility (PRTF) placements was \$16,280,000 and Therapeutic Group Home (TGH) placements, \$18,750,000.
- There are currently 53 youth in *Out-of-State PRTF at an average cost of \$400 per day and average Length of Stay of 292 days
- There are currently 125 youth were In-State PRTF at an average cost of \$304 per day and average Length of Stay is 116 days

*Contributing factors related to out of state placement include lack of bed availability, lower levels of care unavailable at the time of admission, and history of multiple placements without a clear response to treatment. Once a youth leaves their home and/or community in crisis, this becomes the default solution for future crisis and placement in the highest and most expensive level of care, PRTF.

Youth Crisis Diversion Access Alternative (Example)

- 30 days of Intensive Case Management – 15 hours @ \$60 per hour = \$900
- Assessment by a licensed clinician - \$300
- Crisis stabilization shelter - \$200 current per day (most placements average of 3 days = \$600) and (a maximum stay of 14 days = \$2,800)
- 3 months of weekly Home Support Services at \$46 per day x 12 = \$552
- Total costs average between \$2,352 - \$4,552 per youth
- Each youth diverted from In-State PRTF treatment could save the State around \$30,000
- Each youth diverted from Out-of State PRTF treatment could save the State around \$50,000
- Based on past Medicaid data, there are between 40 to 70 Seriously Emotionally Disturbed youth in each of the targeted communities that now have crisis diversion projects.
 - If each project diverts 6-8 youth from PRTF placements the savings would pay for the cost of all of the projects for 2 years.

Youth Crisis Services Continuum

Youth crisis response projects must include a community coalition component and crisis services will be limited to:

- Twenty four (24) hour crisis lines availability and immediate response to de-escalate and provide immediate solutions to resolve crisis, assess for immediate safety and stabilization.
- Crisis case management/facilitation begins with a youth and family in crisis within 24 hours of identification and provides up to 15 hours or 30 days of service.
- Evaluation and assessment includes specialized assessments such as the Child and Adolescent Needs and Strengths (CANS) or more general assessments to determine risk and eligibility for follow up services. This consists of assessment of strengths and needs, exploration of crisis behavior/situation, development of a safety plan, appropriate referral and linkage, and teaching family skills to anticipate and plan for future crises.
- Short-term residential crisis stabilization consists of placements designed to specifically address crisis and bring the family along to facilitate replacement back home whenever possible. This proposes presumptive eligibility for 3 days to insure safety above all, including financial responsibility, and for a period of up to 14 days if needed in residential crisis stabilization in the community, using existing shelter group homes, therapeutic group homes, or foster care for up to 14 days.
- Each project may employ a Part Time Project Coordinator to assist in coalition building, managing the grant and building referrals for the duration of the grant.

Communities will be enabled to develop individualized, local approaches to crisis diversion using an array of some or all of these services.