Report to the Montana Legislature

Required Out-of-State Placement and Monitoring Report
July 1, 2014 through December 31, 2014
Submitted March 6, 2015

This report was prepared by Zoe Barnard, Children's Mental Health Bureau (CMHB) Chief, with data compiled by Dawn Doyle, Fiscal Analyst, and data provided by the Child and Family Services Division (CFS) of the Department of Public Health and Human Services (DPHHS), Department of Corrections, and Youth Court (juvenile probation).

The following statutorily required report is completed by the DPHHS, CMHB, in compliance with:

> **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 placed out of state by *all State agencies and divisions,* though the report is compiled by the Children's Mental Health Bureau, which is a Medicaid bureau within DPHHS. The report distinguishes between youth who are placed by a parent or guardian (Medicaid only), those placed by a State agency using Medicaid funds, and those placed by a State agency using that Agency's funds (either general fund or braided funding).

The report includes only children who were placed out of state (OOS) on or after July 1, 2014 and on or before 12/31/14. This is the biannual report to the Legislature covering the first half of SFY15 (7/1/14 through 12/31/14).

Organization

The organization of this report follows the list of required report variables prescribed in statute. The number of youth placed out of state by agency is discussed first, followed by the cost and reasons each youth was placed out of state. Care is given to describe the reasons for placement in OOS psychiatric residential treatment facilities (PRTF) for youth receiving Medicaid funds. Then, the report focuses on potential factors relating to placement in an OOS PRTF. Finally, attention is given to ways that the CMHB is working to reduce OOS placements.

Number of Youth Placed in Out-of-State PRTF's

Table 1 shows the number of youth placed in OOS PRTF between the first day of July and the last day of December in 2014. **Note: During this reporting period there were youth who were placed in more than one out-of-state placement. These youth are counted *each time they entered a new placement if more than 30 days had elapsed between the discharge from one facility and entrance into another.* Thus, a single youth may be counted twice is s/he had more than one placement during the studied time period.

Table 1. Number of Youth Placed in OOS Residential Treatment Facilities, 7/1/14 to 12/31/14	
Placed by Parent or Guardian with Medicaid Funding	30
Placed by Child and Family Services (CFS) Division with Medicaid Funding	12
Placed by Department of Corrections (juvenile parole) with Medicaid Funding	2
Placed by District Court (juvenile probation) with Medicaid Funding	4
Placed by Child and Family Services ineligible for Medicaid Funding	0
Placed by Department of Corrections ineligible for Medicaid Funding	2
Placed by District Court ineligible for Medicaid Funding	2*
Number of youth with both CFS and either Department of Corrections or District Court involvement	0
Total youth placed during period with Medicaid funding	**48**
Total youth placed during period without Medicaid funding	**4**

*One of the two District Court placements was placed with HMK (CHIP) funding.

The OOS residential treatment facilities that are Montana Medicaid providers to which youth were sent **during this period** were: Copper Hills (Utah), Provo Canyon School (Utah), Cottonwood (Utah), and Coastal Harbor (Savannah, Georgia). The following is a description of each program.

Coastal Harbor, Savannah, GA

Coastal Harbor provides specialized units for males and females who have developmental delays or mild to moderate intellectual disabilities. They also have specialized units for treatment of sexually aggressive or reactive behaviors; aggressive behaviors; self-harming/suicidal behaviors; psychotic symptoms; and histories of trauma.

Copper Hills Youth Center, West Jordan, UT

Copper Hills Youth Center is a private residential treatment center for youth 12 to 17 years of age. They treat youth who have emotional, behavioral and psychiatric disorders and/or who have developmental delays. They specialize in youth with Asperger's syndrome.

Provo Canyon, Orem, UT

Provo Canyon's Behavioral Hospital adolescent continuum of care offers a variety of programs targeted to meet the needs of youth with conditions such as: conduct and oppositional defiant disorder; comorbid medical disorders; social development disorders; and reactive attachment disorders.

Cottonwood Treatment Center, Salt Lake City, UT

Cottonwood is a residential treatment community for adolescents with impulse control disorders, fetal alcohol spectrum disorders, mental health disorders, behavioral problems, learning disabilities and developmental delays, and family discord.

Looking at the number of youth placed in out-of-state PRTFs during a given time frame is one way to look at the population of youth placed out of state. It can occasionally be somewhat misleading because all Medicaid providers have 365 days to bill Medicaid, so youth not billed for at the time of report might be missed. We know that some out-of-state placements have been missed in previous reports because of a billing lag.

Another way to look at placements in OOS PRTF is seen in Tables 2 and 3, which show the number of youth in placement in- and out-of state over time, *as a point in time*. As one can see from the table the percentage of youth in out-of state placements has grown, but so has the overall number of youth in in-state placements.

Table 2. Youth in Placement In State and Out of State as of December				
Number of Youth in:	In-State PRTF	Out-of-State PRTF	Total Placements	Percent Out-of-State Placements (%)
December 2009	104	8	112	7%
December 2010	94	19	113	17%
December 2011	83	22	105	21%
December 2012	104	30	134	22%
December 2013	118	45	163	28%
December 2014	113	46	159	29%

*Note: Some historical data on this table has been corrected from previous reports.

Table 3. Youth in Placement In State and Out of State as of June				
Number of Youth in:	In-State PRTF	Out-of-State PRTF	Total Placements	Percent Out-of-State Placements (%)
June 2009	92	31	123	25%
June 2010	91	15	106	14%
June 2011	94	19	113	17%
June 2012	104	32	136	24%
June 2013	97	39	136	29%
June 2014	125	53	178	30%

A final way to look at the numbers of youth out-of-state is to compare the number of youth who received PRTF services through Medicaid in-state versus out of state in a given fiscal year. In SFY2014, 549 unduplicated youth received PRTF services. Of these, 455 of the youth were served in-state. For reference, approximately 16,700 unduplicated youth received Medicaid mental health services in SFY2014.

The Children's Mental Health Bureau follows the aforementioned metrics in watching trends to determine actions to take regarding youth placement.

Number of Youth Placed in Out-of-State Therapeutic Group Homes

Normative Services in Sheridan, Wyoming is the only OOS therapeutic group home provider that is approved through Montana Medicaid. Probation officers on the Eastern side of the state report that they like to use it because it is actually closer/more convenient than some in-state providers. The program specializes in youth 13 to 17 who present with psychiatric or behavior problems. The program has a substance abuse component. Table 4 shows the number of youth placed in this group home between July and December of 2014.

In Table 4, the youth with both Child and Family Services and District Court involvement are only counted once in the total placements. So the total number of youth placed (26) is equal to the number placed by Parent or Guardian (7) plus the number placed by each agency (8 + 0 + 13) minus the number with joint agency involvement (2).

Table 4. Number of Youth Placed in OOS Therapeutic Group Home (Normative Services), 7/1/14-12/31/14	
Placed by Parent or Guardian with Medicaid Funding	7
Placed by Child and Family Services (CFS) Division with Medicaid Funding	8
Placed by Department of Corrections (juvenile parole) with Medicaid Funding	0
Placed by District Court (juvenile probation) with Medicaid Funding	13
Placed by Child and Family Services ineligible for Medicaid Funding	0
Placed by Department of Corrections ineligible for Medicaid Funding	0
Placed by District Court ineligible for Medicaid Funding	0
Number of youth with both CFS and either Department of Corrections or District Court involvement placed	2
Total youth placed during period with Medicaid funding	**26**
Total youth placed during period without Medicaid funding	**0**

Number of Youth Placed in Out-of-State Non-Therapeutic Placements

District Court (juvenile probation), Department of Corrections (juvenile parole), and Child and Family Services, the State agencies who are statutory placement agencies, occasionally place with non-Montana Medicaid providers. Usually these programs are not able to be Medicaid mental health placements because they specialize in treatment of offenders (sexual or conduct), substance abuse, or physical health issues. Sometimes they are mental health placements that have not become Montana Medicaid providers. Table 5 shows those placements for the first half of SFY2015.

In Table 5, the youth with both Child and Family Services and District Court involvement are only counted once in the total placements. So the total number of youth placed (8) is equal to the number placed by each agency (2 + 1 + 6) minus the number with joint agency involvement (1).

Table 5. Number of Youth Placed in OOS Non-Medicaid Facilities, 7/1/14-12/31/14	
Placed by Child and Family Services (CFS) Division	2
Placed by Department of Corrections (juvenile parole)	1
Placed by District Court (juvenile probation)	6
Number of youth with both CFS and either Department of Corrections or District Court involvement placed	1
Total Youth Placed in OOS Non Medicaid Facilities	**8**

It should be noted that the DPHHS has no way of keeping track of youth placed by private entities out of state in non-Medicaid placements.

Specific descriptions of non-Medicaid programs utilized by placement facilities during the time period of this report are listed below.

KidsHope Residential Treatment Facility, Orefield, PA.

KidsHope Residential treatment facility is a self-contained, structured, psychiatric care for low IQ adolescent males and females. KidsHope treats youth with behavior disorders and those who are dually diagnosed with moderate to severe emotional disturbances and cognitive limitations. KidsHope is in the process of becoming a Montana Medicaid provider.

Woodward Academy, Woodward, IA

Woodward Academy is a residential facility specializing in treatment for adolescent males with conduct disorder or history of sexual offenses.

Rite of Passage, Queen Creek, AZ

Rite of Passage is a program operated by Canyon State Academy. It houses boarding school programs for male and female youth with conduct issues. The girl's program is called Uta Halee Academy.

John King Recovery House for Teenagers, Skagit Recovery Center, Mount Vernon, WA

The John King Recovery House is a chemical dependency program.

Costs for Each Youth

Table 4 lists the costs associated with OOS PRTF placements. Please note that the costs listed for Medicaid clients include both the general fund (state-funded) portion, and the federal match. The federal match is based on the FMAP (federal matching assistance percentage) and for FFY14 (10/13 to 9/14) is 66.33; FFY15 (10/14 to 9/15) is 65.90. This means that about one third of the cost for Medicaid placements was covered by state general fund dollars. The table includes non-Medicaid placements, but does not include OOS TGH placements.

Table 6. List of Total Costs of Stay (as of February 2015) per Youth Placed in PRTF, 7/1/14-12/31-14		
1. $69,000*	2. $15,000*	3. $26,100*
4. $700*	5. $64,400*	6. $59,850*
7. $51,750*	8. $26,250*	9. $53,250*
10. $40,737*	11. $20,909*	12. $34,248*
13. $41,458*	14. $54,250*	15. $22,400*
16. $40,500*	17. $19,500*	18. $27,650*
19. $28,875*	20. $13,500*	21. $42,350*
22. $28,800*	23. $15,750*	24. $38,850*
25. $5150*	26. $20,250*	27. $22,400*
28. $52,125*	29. $27,750*	30. $64,400*
31. $35,250*	32. $6129*	33. $43,650*
34. $9800*	35. $15,750*	36. $33,527*
37. $64,400*	38. $17,665*	39. $64,400*
40. $4500*	41. $3150*	42. $53,550*
43. $27,300*	44. $25,875	45. $9800
46. $50,000[a]	47. $0**	48. $0**
49. $0**	50. $0**	51. $0**
52. $0**		

*Medicaid Placement

**Stay not billed as of this report

[a]HMK Placement

Reasons Youth are Placed in OOS PRTF

Placement in an OOS PRTF through Medicaid can only occur after a youth has been certified as needing treatment at the PRTF level of care but denied at all three in-state PRTF's. In order to be certified as needing care at the PRTF level, 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, for a youth to be certified at this level of care, 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.

When an in-state PRTF denies admission to a youth, a letter is generated by the provider indicating the reason for denial. One hundred-thirty five letters were submitted to Magellan Medicaid Administration (MMA) on behalf of 43 youth during the time of this report. The actual letters were not available for review; the following data was retrieved from the MMA system. Frequently more than one reason for denial was provided and included in the data.

The first facility cited the following reasons for denial:

- 28%: Severe violence/physical aggression, facility can't insure safety of youth, staff or peers
- 28%: Not appropriate for current milieu
- 21%: History of multiple PRTF placement w/o clear response to treatment, unlikely to benefit
- 9%: No bed available
- 7%: Presenting problem is sexually reactive/sexually offending
- 5%: Conduct Disorder diagnosis or rule out
- 2% Moderate violence/physical aggression
- 2%: Medical condition beyond capability of facility
- 2%: Elopement risk
- 2%: Youth refused treatment and medication in several placements
- 2%: No progress since last admit
- 2%: Acute referral source wanted a DBT program for youth
- 2%: Parent wanted youth to receive treatment elsewhere
- 2%: Youth had maximized treatment at this PRTF
- 2%: Minimal response to medication

The second facility cited the following reasons for denial:

- 65%: No bed available
- 21%: Severe violence/physical aggression, facility can't insure safety of youth, staff or peers
- 7%: History of multiple PRTF placement w/o clear response to treatment, unlikely to benefit
- 2%: Not appropriate for current milieu
- 2%: Youth unable to meet facility expectations
- 2%: Youth requires psychiatric and sex offending treatment
- 2%: Youth requires substance abuse treatment for IV drug use
- 2%: Minimal response to treatment at this PRTF
- 2%: Youth is currently in acute and has required IM, restraint and seclusion

The third facility cited the following reasons for denial:

- 53%: Severe violence/physical aggression, facility can't ensure safety of youth, staff or peers
- 21%: History of multiple PRTF placement w/o clear response to treatment, unlikely to benefit
- 19%: Developmental delay, IQ or neuropsychological deficits
- 16%: Presenting problem is sexually reactive/sexually offending
- 11%: No bed available

- 5%: Fire setting behavior
- 5%: Elopement risk
- 5%; Cruelty to animals
- 5%: Conduct disorder diagnosis or rule out
- 2%: Youth perpetrated younger siblings
- 2%: Youth has refused to participate in treatment
- 2%: Programming inappropriate because youth has GED
- 2%: Disregard for limit setting, requiring 1:1 staff to maintain safety to people/property

Process Used to Avoid OOS Placements

The Children's Mental Health Bureau and the child-placing agencies have been working together to address the reasons that youth are being placed out of state. The Children's Mental Health Bureau has committed itself to reducing the number and length of OOS placements through a number of actions.

Children who have low IQ coupled with mental health diagnoses can be very hard to serve outside of a residential placement. To this end, for the past year, we have reviewed the diagnoses of youth nearing adulthood (16 and over) who have both a mental health diagnosis and an intellectual disability and are in a PRTF (in or out of state). Youth who meet criteria are being referred to the Developmental Disabilities Program (DDP) so that they can be moved into the Developmental Disability waiver as they near adulthood. The Division has set a goal of serving up to 20 youth per year, starting with 17 year-olds and moving to 16, and then 15 year-olds as youth are transitioned. In the past year, we have transitioned half a dozen youth from PRTF into the 0208 Waiver via this process. We are also exploring a co-occurring mental health/intellectual disability waiver or other state plan option.

In review of the youth in PRTFs, CMHB staff was concerned to see that the number of youth with a serious co-occurring substance abuse diagnosis referred to out-of-state PRTF's continues to grow. As reported in February, CMHB is implementing a grant with the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant is a three-year, approximately $3 million cooperative agreement that is intended to foster collaboration between substance abuse and mental health providers. It also implements evidence-based practices for addressing adolescent co-occurring substance disorders in Montana as well as increases the workforce who can address these issues. The grant has been in effect long enough that we are starting to see positive results of high-intensity in-home services provided through an evidence-based practice called Integrated Co-occurring Treatment (ICT). ICT has the potential to fit within the existing treatment system and to keep youth from going into higher levels of care. If sustained, CMHB would use this program as a diversionary program for residential placement in larger Montana communities.

For the past six months, CMHB has been working with its utilization review contractor to actively target a caseload of ten youth who are in OOS PRTF placement. This program was created in response to a creeping number of youth in OOS PRTF placement during the spring of 2014, which reached a height of over 50 youth in May and June of 2014. The CMHB identifies the youth to add to the caseload and the contractor coordinates treatment and discharge planning with the support of CMHB regional staff. This model has been very effective; since October 2014, CMHB and its contractor have successfully transitioned enough youth from PRTF that the trend in OOS PRTF placements is now flat. CMHB will expand this program in SFY16 with the hope of decreasing OOS PRTF placements through diversion and discharge.

The leadership and clinical staff at CMHB believe that it is not just the number of youth in placement that is important; we are also concerned about the quality of care. We acknowledge that it is likely that some youth will always go out of state; if they have to go they should be receiving the best quality care possible. To that end, in the summer and fall of 2014, CMHB clinicians and Medicaid staff visited all but one of the OOS PRTFs. Where appropriate, plans of correction were requested and CMHB is in the process of following up on those plans of correction and will sanction programs if necessary. The State has also added a few programs with specializations in autism, dual diagnosis, oppositional defiance, and co-occurring substance abuse disorders.

Next Steps

Our next steps in decreasing the numbers of youth in OOS PRTF placements have to do with expanding programs already in place and building capacity in state to handle youth transitioning out of OOS placements.

With regard to expanding existing efforts, in addition to increasing the work of the transition coordinator through our utilization review contractor, we are planning to visit acute hospitals in state during the spring of 2015. We will be asking why so many PRTF placements are needed and determining how we can better meet the needs of Montana youth within the state. We are continuing to explore youth crisis diversion programs. Children's Mental Health Bureau is committed to the long-term goal of keeping more youth in the community rather than escalating them into out-of-state placements.

With regard to building capacity, CMHB hopes to explore the possibility of increasing the therapeutic foster care room and board rate and align the rules with the needs of the population. The ability to do this hinges on CFS being able to change that division's rate matrix. At present, this is still a question as it hinges on a bill in the Legislature. Therapeutic foster care is an important diversionary and step-down service.

We are also exploring placing additional limitations on OOS placement, such as an age restriction for placement of young children (under 8).

Finally, we are awaiting the outcome of HB2 for the next biennium. The development of an autism program that is an entitlement is likely to reduce, over time, the number of youth with autism who escalate to needing the PRTF level of care.

Number of Youth Participating in the Pool

Pursuant to HB565 and effective October 26, 2012, Children's Mental Health Bureau supplied the posting of a secure HIPAA-compliant, Department-approved data management system to allow treatment plans for youth who are currently placed out of state or who are at risk of being placed out of state for mental health services in a therapeutic youth group home (TGH) or psychiatric residential treatment facility (PRTF).

Mental health providers, such as psychiatric hospitals, TGHs, mental health centers, and PRTFs have the opportunity to use this secure system to share and review confidential health care information about youth who are placed out of state or who are at risk of being admitted to an out-of-state facility. In-state providers have the option to use this information to provide alternate opportunities for youth to use in-state mental health services.

To date, this resource has not been accessed or used by any providers.