

Report to the Montana Legislature
Required Out-of-State Placement and Monitoring Report
July 1, 2012 through June 30, 2013
Submitted Aug. 6, 2013

(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 SFY 2013 only.

<p>Funding for Youth in Out-of-State Placement between 7/1/12 and 06/30/13 Includes both Residential Treatment Facilities (PRTF) and Therapeutic Group Home (TGH)</p>
--

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	79	74	24	177

- 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 four previous state fiscal years was:

SFY 2009 (12 months) = 126
 SFY 2010 (12 months) = 109
 SFY 2011 (12 months) = 110
 SYF 2012 (12 months) = 124
 SYF 2013 (12 months) = 177

Placement Decisions for Youth in Out-of-State Placements: 7/1/12 to 06/30/13

177 youth were in out-of-state placements during the past twelve months.

Child and Family Services (CFS) Placements	Youth shared by CFS and DOC	Juvenile Probation Placements (JP)	Department of Corrections Placements	Not placed by a state agency but by legal guardian
37	0	56	9	76

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: 7/1/12 to 06/30/13

89 youth funded by Medicaid were admitted to an out-of-state PRTF during SFY 2013.

Administrative rule requires a youth be denied admission by all three in-state PRTFs prior to going to an out-of-state PRTF. The fourth denial by the PRTF Waiver Program is no longer required for youth. Below are the reasons given by in-state PRTFs, 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.	73
Severe violence/physical aggression. Facility can’t assure safety.	63
Lack of bed availability/No provider capacity/unable to enroll youth at this time.	60
One or only presenting problem is sexually reactive or sex offending behavior.	31
Does not fit into current milieu.	23
Established pattern of antisocial behavior with no documented response to treatment.	15
Developmentally disabled or IQ/neuron-psych deficits. Too impaired to benefit from treatment offered.	13
Too acute for facility.	12
Primary presenting problem is chemical dependency. No prior substance abuse treatment and inpatient CD treatment is indicated.	12
Elopement Risk.	11
Conduct disorder type behaviors.	10

Suicide risk based on multiple attempts	9
Disregard for limit setting by staff, requiring 1:1 staff more than 75% of time.	7
Has reached maximum benefit of treatment at this facility.	7
Previously disruptive of treatment of others at this facility.	7
Medical condition requiring specialized services beyond the capacity of facility.	6
Fire setting behavior.	5
Age inappropriate (too young or too old).	3
Minimal response to psychotropic medications in reduction of severe psychiatric symptoms.	3
Florid Psychosis, organic personality symptoms or severely regressed behavior that has not responded to medical or psychological treatment.	3
Legal guardian not satisfied with previous treatment at this facility.	2
No family available for placement in the community.	1
Parent requested denial due to past employment at this facility.	1
History of paraphrenia.	1
Autism Spectrum Disorder.	1
Unable to provide educational needs.	1
Client refuses to live with family during community based treatment.	1
Sibling residing at the same facility.	1

**Medicaid Admissions to Out-of-State Therapeutic Group Home (TGH)
7/1/12 to 06/30/13**

70 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. The Children's Mental Health Bureau has published the results of a survey of both in-state and out-of-state PRTFs and TGH's, which lists the specialty care each facility provides and how it is provided. The results of the surveys have been sent to in-state community providers and state agencies that place youth. These surveys will assist them in finding appropriate in-state placements when possible and to guide appropriate out-of-state placements when in-state placements are unavailable. These surveys are available on the CMHB website and will be updated annually.

2. 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.
3. CMHB is adopting new 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). CMHB has tailored the CANS to fit the assessment criteria of MT families and providers. The Bureau is exploring specific outcome measurement tools to complement the CANS assessment data.