

# Community-Based Alternatives to PRTF



**CHILDREN'S MENTAL HEALTH CONFERENCE  
TAMPA MARCH 8 2010**

**EFFIE R. GEORGE, PH.D.  
CENTERS FOR MEDICARE & MEDICAID  
SERVICES**

# Disabled & Elderly Health Programs Group



- **Functions of the group include:**
  - Medicaid Eligibility
  - Coverage of services to eligible individuals
  - Pharmacy
  - Advocacy and Special Initiatives \*\*
    - ✦ Administer grants to States, conduct demonstrations and research, & develop policy recommendations based on findings

# Current Special Initiatives



- **Real Choice Systems Change Grants**
- **Ticket to Work Medicaid Infrastructure Grants**
- **National Evaluation of the Medicaid Buy-In**
  - **National Balancing Indicators**

# Current Special Initiatives



- **Demonstration to Maintain Independence and Employment & National Evaluation**
  - **Money Follows the Person Demonstration & National Evaluation**
- **Community-Based Alternatives to PRTFs & National Evaluation**

# CBA-PRTF Demonstration



- ❑ The Deficit Reduction Act (DRA) of 2005, Section 6063, established a grant demonstration program to test the efficacy of Community-Based Alternatives to Psychiatric Residential Treatment Facilities for youth
- ❑ CMS awarded \$217 million to 10 States (MS, VA, KS, MT, SC, IN, AK, MD, FL and GA) for 5 years
- ❑ Section 6063 also provided funding for a national evaluation of the demonstration

# **Medicaid Demonstration: Community-Based Alternative to Psychiatric Residential Treatment Facilities**

*National Evaluation*

**Oswaldo Urdapilleta, PhD  
Project Director**

***SPONSOR: Centers for Medicare & Medicaid Services (CMS)***

# Demonstration Background

- ❑ The New Freedom Commission on Mental Health, reported its research findings on *Achieving the Promise: Transforming Mental HealthCare in America* (2003)
- ❑ The Deficit Reduction Act (DRA) of 2005, section 6063, established a grant demonstration program: Community-Based Alternatives to Psychiatric Residential Treatment Facilities
- ❑ This \$217 million demonstration allowed 9 States (MS, VA, KS, MT, SC, IN, AK, MD, and GA) to test the cost effectiveness of providing coverage for HCBS alternatives for
- ❑ Waiver program started in 2008

# CBA Grant Demonstration Services

- Respite Care
- Day Treatment / Partial Hospitalization
- Psychosocial Rehabilitation
- Clinic Services
- Individual Therapy
- Mental Health Services
- Intense Crisis Intervention Service
- Family Therapy
- Peer Support Services
- Non medical transportation



# Enrollment-Disenrollment Statistics

<b>State</b>	<b>Baseline</b>	<b>6-month</b>	<b>Discharge</b>	<b>12-month</b>
<i>Alaska</i>	2			
<i>Georgia</i>	13			
<i>Mississippi</i>	261	108	109	16
<i>Montana</i>	9			
<i>Indiana</i>	573	256	195	94
<i>Kansas</i>	105	34	35	4
<i>South Carolina</i>	14	9		
<i>Virginia</i>	23	2		4
<b>Total</b>	<b>1000</b>	<b>409</b>	<b>339</b>	<b>118</b>

# Demographics

	Baseline		At Discharge	
Demographics	Enrolment 1	Enrolment 2	Enrolment 1	Enrolment 2
<b><u>Age at the time of admission to waiver</u></b>				
Below 13	379	5	105	2
13 - 18	578	15	218	4
19 - 21	6		1	
<b><u>Gender</u></b>				
Male	48%	89%	16%	22%
Female	25%	59%	8%	22%
<b><u>Race</u></b>				
White	48%	1%	17%	37%
Black	17%	22%	5%	
Other	8%	14%	2%	7%
<b><u>Ethnicity</u></b>				
Hispanic or Latino	2.1%	7%	52%	7%
Non-hispanic	68.9%	1%	24%	37%
Other	2%		14%	
<b>Total</b>	980	20	333	6

# Transition/Diverted Cases

Common Outcomes	Transitioned Individuals		
	Number	Mean	P value of the difference
<i>age at first receipt of mental health services(f1core_11)</i>	203	11.22***	<b>&lt;.0001</b>
<i># of PRTF admissions to date(F1CORE_12)</i>	98	2.03***	<b>&lt;.0001</b>
<i>days in PRTF</i>	216	58.47***	<b>&lt;.0001</b>
<i>days in psychiatric hospital</i>	212	4	0.6802
<i>Days in other out-of-home placements</i>	194	18.15*	<b>0.0497</b>
<i># of absences from school in the past 6 months</i>	97	9	0.0971
<i># of arrests in the past 6 months</i>	204.0	0.31*	0.0111
(* P<0.05)			
(*** P<0.001)			

# Goals of the National Evaluation

- ❑ Test the effectiveness of the program in improving or maintaining a child's functional level:
  - Community living
  - School functioning
  - Juvenile Justice involvement
  - Alcohol and drug use
  - Mental health
  - Social support
  - Family functioning
- ❑ Cost-effectiveness of providing HCBS alternatives to PRTF for children enrolled in Medicaid
- ❑ Demonstration has to maintain budget neutrality (1915c cost neutrality).
- ❑ Each state grantee conducts its own local evaluation

# CBA-PRTF Minimum Data Set (MDS)

- ❑ Core elements (Demographic and family data, health and health care history, etc)
- ❑ Common outcome measures (days in PRTF, # arrests in last 6 months)
- ❑ Standardized functional outcome assessments instruments
  - Children and Adolescent Needs and Strengths (CANS)
  - Child & Adolescent Functional Assessment Scale (CAFAS)
  - Child Behavioral Checklist (CBCL)
- ❑ Services provided (type of services and unit)
- ❑ Fidelity measurements (WFI 4.0 Caregiver Form and Wraparound Facilitator Form)
- ❑ Children/Youth and Family Satisfaction

# Evaluation Approach

- ❑ Local Evaluations (9 states)
- ❑ Three-tier evaluation approach
  - State-specific individual domains (community living, juvenile justice involvement, social support)
  - Cross-state individual outcome analysis based on main functional assessment instrument (CAFAS, CANS, CBCL)
  - Comparison groups (where feasible)
- ❑ Qualitative Analysis (Demonstration Implementation)
  - Qualitative monitoring guide
  - Implementation status report (Year 1 and Year 2 concluded)

# Functional Assessment

- CANS
  - Indiana, Maryland, Mississippi, Virginia
- CAFAS
  - Alaska, Georgia, Kansas
- CBCL
  - Montana and South Carolina

# Changes in Functional Assessment for 6 Month Follow up data (CANS States)

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Changed CANS outcomes between baseline and 6month Follow up	Enrollees who had 6month Followup data			
	N	Changed value	Percent Change	P Value
<b>SCHOOL FUNCTIONING</b>				
School Achievement	275	(-0.32)**	-15.38%	<.01
School Attendance	275	(-0.16)*	-15.09%	0.03
School Behavior	275	(-0.31)**	-14.22%	<.01
<b>JUVENILE JUSTICE</b>				
Crime/Delinquency	275	(-0.24)**	-16.44%	<.01
<b>ALCOHOL &amp; OTHER DRUG USE</b>				
Substance Use	275	(0.07)	24.14%	0.13
<b>MENTAL HEALTH</b>				
Adjustment to Trauma	275	(-0.11)	-8.66%	0.08
Depression/Anxiety	275	(-0.16)**	-8.42%	<.01
Attention Deficit/Impulse Control/Hyperactivity	275	(-0.15)**	-6.38%	<.01
Danger to Others	275	(-0.26)**	-15.57%	<.01
Oppositional Behavior	275	(-0.22)**	-9.09%	<.01
Psychosis	275	(-0.12)**	-20.00%	<.01
Sexual Aggression/Abusive Behavior	275	(-0.05)	-17.24%	0.13
Danger to Self/Suicide Risk	274	(-0.18)**	-11.39%	<.01
Social Behavior	275	(-0.24)**	-10.96%	<.01
<b>SOCIAL SUPPORT</b>				
Family	275	(-0.12)*	-6.25%	0.02
Interpersonal	274	(-0.18)**	-8.07%	<.01
Relationship Permanence	275	(-0.19)**	-11.24%	<.01
<b>FAMILY FUNCTIONING OUTCOMES</b>				
Safety	275	(-0.01)	-1.37%	0.91
Involvement	275	(0.03)	2.97%	0.60
Knowledge	275	(-0.11)	-7.14%	0.06
Supervision	275	(-0.19)**	-10.11%	<.01



# Changes in Functional Assessment for 12 Month Follow up or Discharge data (CANS States)

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Changed CANS outcomes between baseline and discharge	Enrollees who had Discharge data			
	N	Changed value	Percent Change	P Value
<b>SCHOOL FUNCTIONING</b>				
School Achievement	284	(-0.26)**	-12.75%	<.01
School Attendance	284	(-0.13)	-12.15%	0.09
School Behavior	284	(-0.41)**	-19.16%	<.01
<b>JUVENILE JUSTICE</b>				
Crime/Delinquency	284	(-0.17)	-10.97%	0.02
<b>ALCOHOL &amp; OTHER DRUG USE</b>				
Substance Use	283	(0.03)	6.38%	0.61
<b>MENTAL HEALTH</b>				
Adjustment to Trauma	283	(-0.19)**	-15.32%	<.01
Depression/Anxiety	284	(-0.23)**	-11.73%	<.01
Attention Deficit/Impulse	284	(-0.2)**	-8.55%	<.01
Control/Hyperactivity				
Danger to Others	284	(-0.42)**	-24.56%	<.01
Oppositional Behavior	283	(-0.31)**	-12.20%	<.01
Psychosis	284	(-0.16)**	-27.59%	<.01
Sexual Aggression/Abusive Behavior	284	(-0.07)	-23.33%	0.08
Danger to Self/Suicide Risk	284	(-0.33)**	-20.63%	<.01
Social Behavior	284	(-0.34)**	-14.59%	<.01
<b>SOCIAL SUPPORT</b>				
Family	284	(-0.26)**	-12.56%	<.01
Interpersonal	284	(-0.29)**	-12.66%	<.01
Relationship Permanence	284	(-0.24)**	-14.29%	<.01
<b>FAMILY FUNCTIONING OUTCOMES</b>				
Safety	284	(-0.07)	-9.21%	0.28
Involvement	284	(0.09)	9.47%	0.13
Knowledge	284	(-0.15)**	-10.00%	<.01
Supervision	284	(-0.36)**	-18.00%	<.01

# Findings

- There are consistent improvements on Mental Health outcomes at two points in time (6-month and 12 months/Discharge)
- Social support factors improve from baseline to 12 months or discharge
- Little or no impact on Alcohol and substance use nor family functioning outcomes.
- MORE ANALYSIS TO COME..



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# The 23rd Annual Children's Mental Health Research & Policy Conference Tampa, FL

Presented by:

Bobbie Graff-Hendrixson, LMSW

Assistant Director of Mental Health

Department of Social and Rehabilitation Services,

State of Kansas

March 8, 2010



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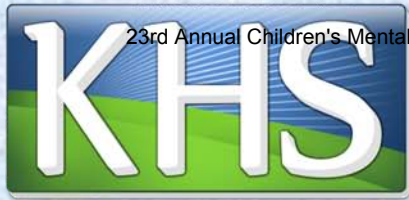
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# What is unique about Kansas?

*Dorothy, Toto, Tornadoes— The Land of Ahhs*





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# What is unique about Kansas?

- ▶ The Department of Social and Rehabilitation Services (SRS) operates a concurrent 1915(b)(c) HCBS Waiver for mental health and substance abuse services.
- ▶ As an HCBS SED Waiver state, Kansas utilizes the SED infrastructure for the PRTF CBA.
- ▶ Infrastructure includes:
  - An outcomes reporting process for enrolled children and youth.
  - An existing system of care supported by Wraparound Philosophy.



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# What is unique about Kansas?

- ▶ Established connections between mental health, child welfare, juvenile justice and education agencies.
- ▶ A 78% increase in the number of practitioners in the mental health delivery system.
- ▶ Over 2,200 total practitioners inclusive of Community Mental Health Centers.



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# What is unique about Kansas?

- ▶ Statewide required training for all Community Mental Health Center (CMHC) providers:
  - Providers complete online Community-Based Service (CBS) courses. The courses are developed in collaboration with Wichita State University (WSU).
  - WSU maintains the training site and collects all registrants' data including: the name and date of course(s) completion, where registrants are employed, first dates of employment, and registrants' licensure.



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DEPARTMENT OF SOCIAL  
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Disability and Behavioral Health Services

# PRTF CBA Grant in Kansas

- CMS approval received January 3, 2008
- Operational on April 1, 2008
- Approval until September 30, 2012





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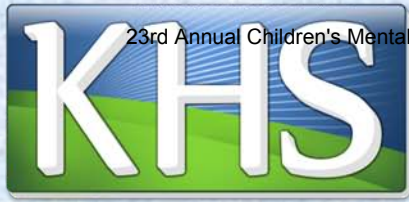
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Disability and Behavioral Health Services

# PRTF CBA Grant in Kansas

- ▶ Since inception, 217 youth have received services at a CMHC.
- ▶ As of February 23, 2010, 133 youth are actively enrolled.



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# Clinical Eligibility Criteria

- ▶ Youth is at imminent risk for placement in a psychiatric residential treatment facility.
- ▶ Youth is determined to have a serious emotional disturbance by a Qualified Mental Health Professional.
- ▶ Youth has a qualifying CAFAS score. The qualifying score is only for youth diverting from a PRTF treatment.
- ▶ Youth is immediately eligible on discharge from a PRTF.



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# Financial Eligibility Criteria

- ▶ Based only on the income of the youth.
- ▶ Determination is made at a local SRS office.
- ▶ Youth who meet clinical and financial eligibility will receive a Medicaid card.



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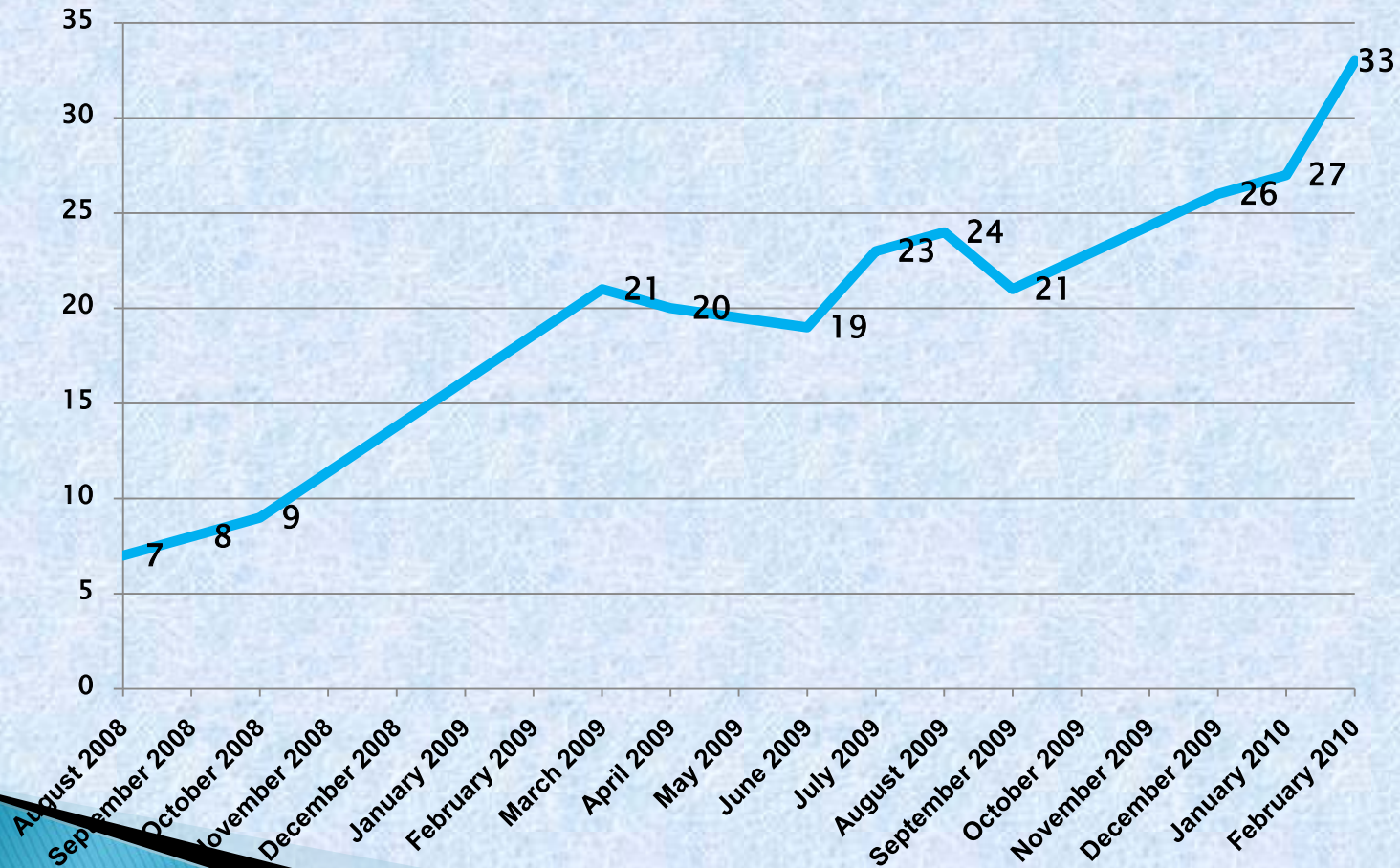
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# PRTF CBA Diversions





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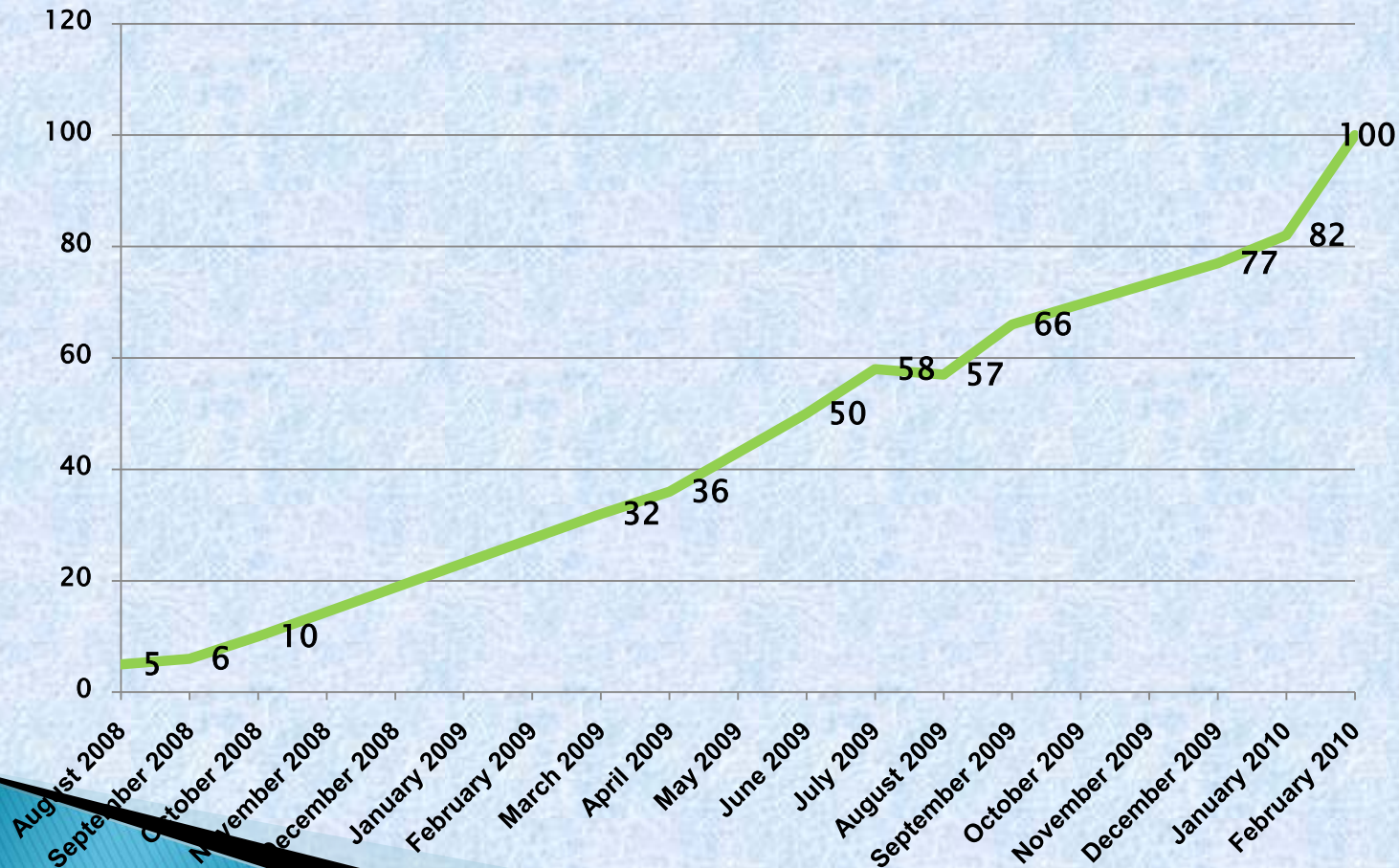
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# PRTF CBA Transitions





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## PRTF CBA Services

- ▶ Wraparound Facilitation
- ▶ Parent Support
- ▶ Short-term Respite
- ▶ Independent Living/Skill Building
- ▶ Attendant Care
- ▶ Professional Resource Family Care
- ▶ Employment Preparation Support
- ▶ Community Transition Supports

## SED Waiver Services

- ▶ Wraparound Facilitation
- ▶ Parent Support
- ▶ Short-term Respite
- ▶ Independent Living/Skill Building
- ▶ Attendant Care
- ▶ Professional Resource Family Care



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# Research on Medicaid youth

- ▶ As part of the 1915(b)(c) Waiver, SRS contracts with the University of Kansas, School of Social Welfare, to conduct focused studies on Medicaid youth. Topics are collaboratively selected with SRS on current issues or trends in the Medicaid mental health community.
- ▶ Released in August 2009: *Medicaid Children's Focused Study: Prescribing Patterns of Psychotropic Drugs Among Child Medicaid Beneficiaries in the State of Kansas*



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Disability and Behavioral Health Services

# Medicaid Focused Study

- ▶ The 2009 study concentrated on the patterns of prescribing psychotropic medications among child and adolescent Medicaid members as seen in the following six indicator areas:
  - ▶ Annual prevalence rates
  - ▶ Mental health diagnosis
  - ▶ Polypharmacy
  - ▶ Rates among very young children
  - ▶ Duration of psychotropic drugs
  - ▶ Service utilization





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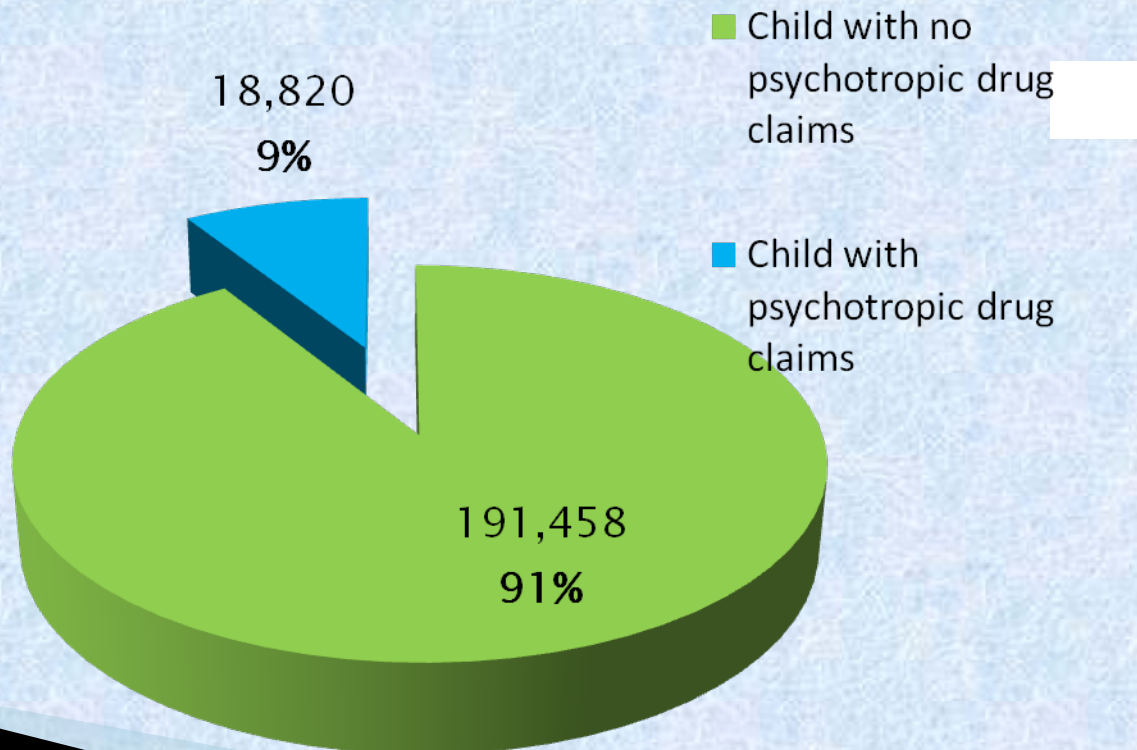
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# Medicaid Focused Study

## Annual Prevalence Rates





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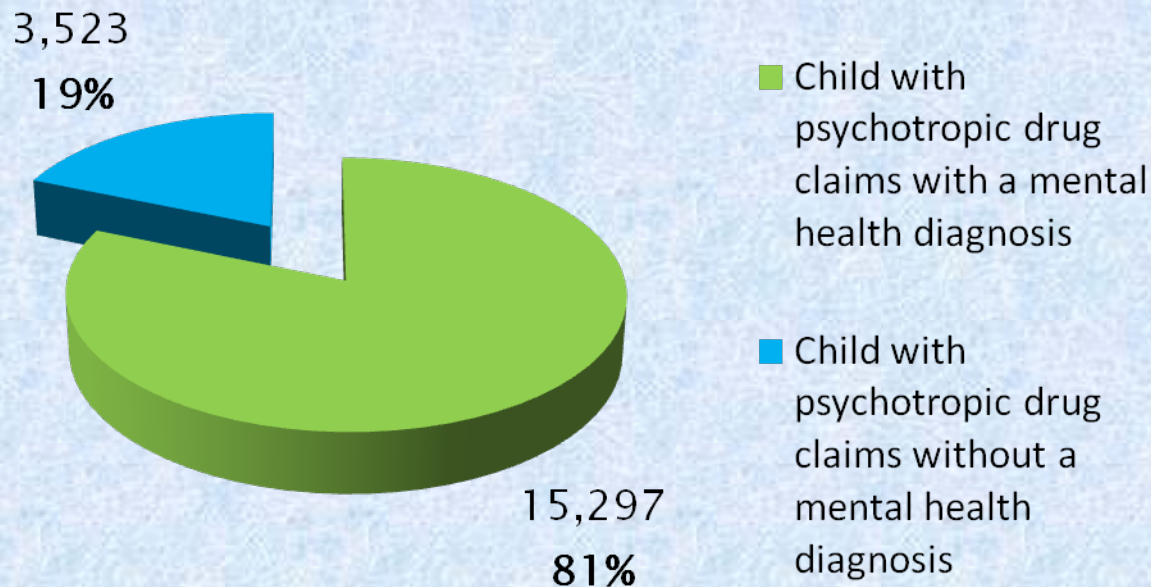
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# Medicaid Children's Focused Study

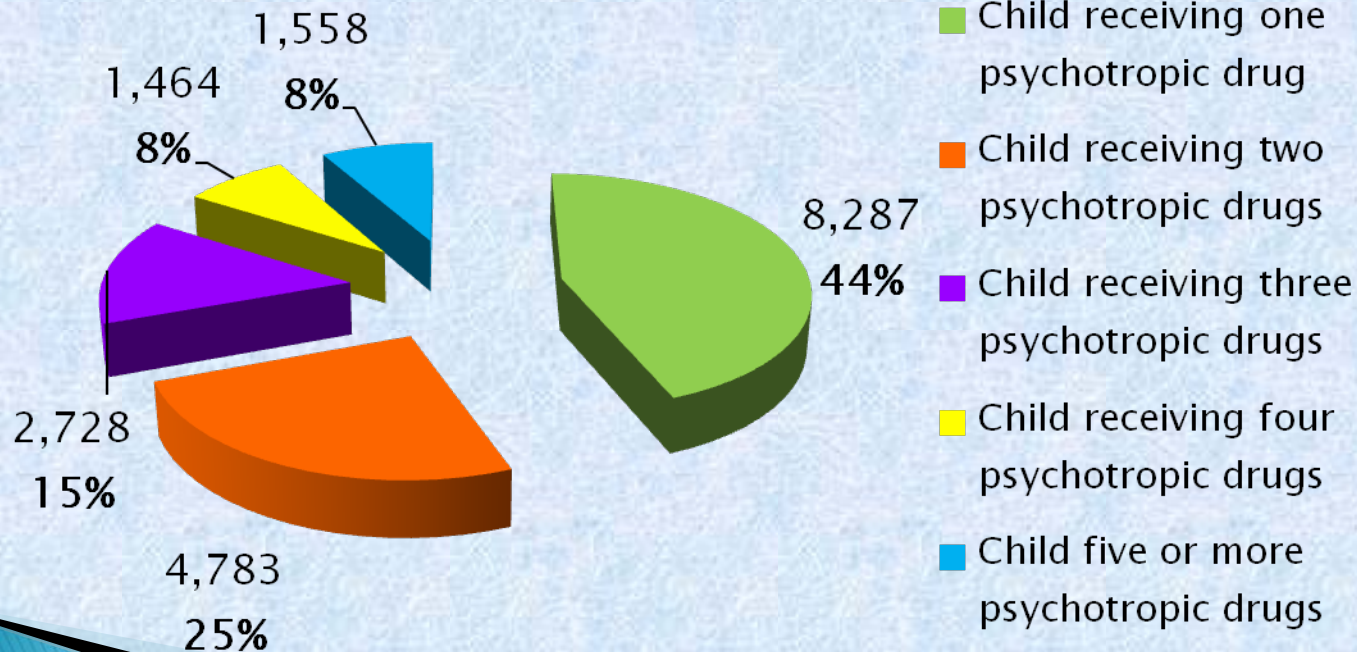
## Mental Health Diagnosis





# Medicaid Children's Focused Study

## Polypharmacy





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# Medicaid Children's Focused Study Recommendations

- ▶ Recommendations are aimed toward state administrators of Medicaid, rather than clinicians.
- ▶ Establish practice guidelines and protocols or adopt established guidelines such as those developed by the AACAP for prescribing psychotropic drugs to children and youth.
- ▶ Consider the development of a public document that clearly and succinctly disseminates evidence-based information about psychotropic drugs.



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# Medicaid Children's Focused Study Recommendations

- ▶ Develop new strategies for monitoring prescriptions of psychotropic drugs to children and youth.
- ▶ Consider establishing a multidisciplinary committee to monitor psychotropic practices for children and youth in foster care and JJA custody, with a special emphasis on proper prescribing practices and continuity of care.



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# Contact Information

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- ▶ 785-368-7022
- ▶ 915 SW Harrison  
Topeka, Kansas 66612

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## Mississippi Youth Programs Around the Clock (MYPAC)

Presented by:

Kristi R. Plotner, LCSW

Bureau Director, Mental Health Programs  
Mississippi Division of Medicaid



# History of MYPAC

- Mississippi Youth Programs Around the Clock
- Grant awarded on December 19, 2006
- Award amount of \$49.5M over 5 years
- 1915 (c) waiver approved on October 1, 2007
- Implemented on November 1, 2007
- 1<sup>st</sup> four youth admitted November 28, 2007
- Claims paid December 2007





# MYPAC

**Providers were selected by competitive RFP.**

**Initial Selection (RFP 8/1/07, Start 10/1/07)**

**Providers:**

- Mississippi Children's Home Services
- Youth Villages

**Transition Age Group (RFP , Start 10/1/09)**

- Pine Belt Mental Health (Hattiesburg area)



# MYPAC Referral Sources

- Multidisciplinary Assessment and Planning (MAP) teams
- DHS placement offices
- PRTF providers
- Juvenile Justice
- School districts
- Caregivers
- Other



# Expected Outcome

- Shorter length of stay at PRTFs
- More coordinated treatment and a changed system of care for youth with SED
- Reduced use of out-of-state PRTF beds
- Reduced overall cost to the State for related services by school districts, juvenile justice, foster care, etc.



# MYPAC National Evaluation



# Design

- All youth in MYPAC will participate in the study
- Control Group of 50 youth admitted to PRTF each year
- Required instruments
- Assessors from CMHCs
  - Region 3
  - Region 8
- Data collection



# Unduplicated Enrollees Allowed per Year

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- Year 1: 120
- Year 2: 350
- Year 3: 450
- Year 4: 500
- Year 5: 550

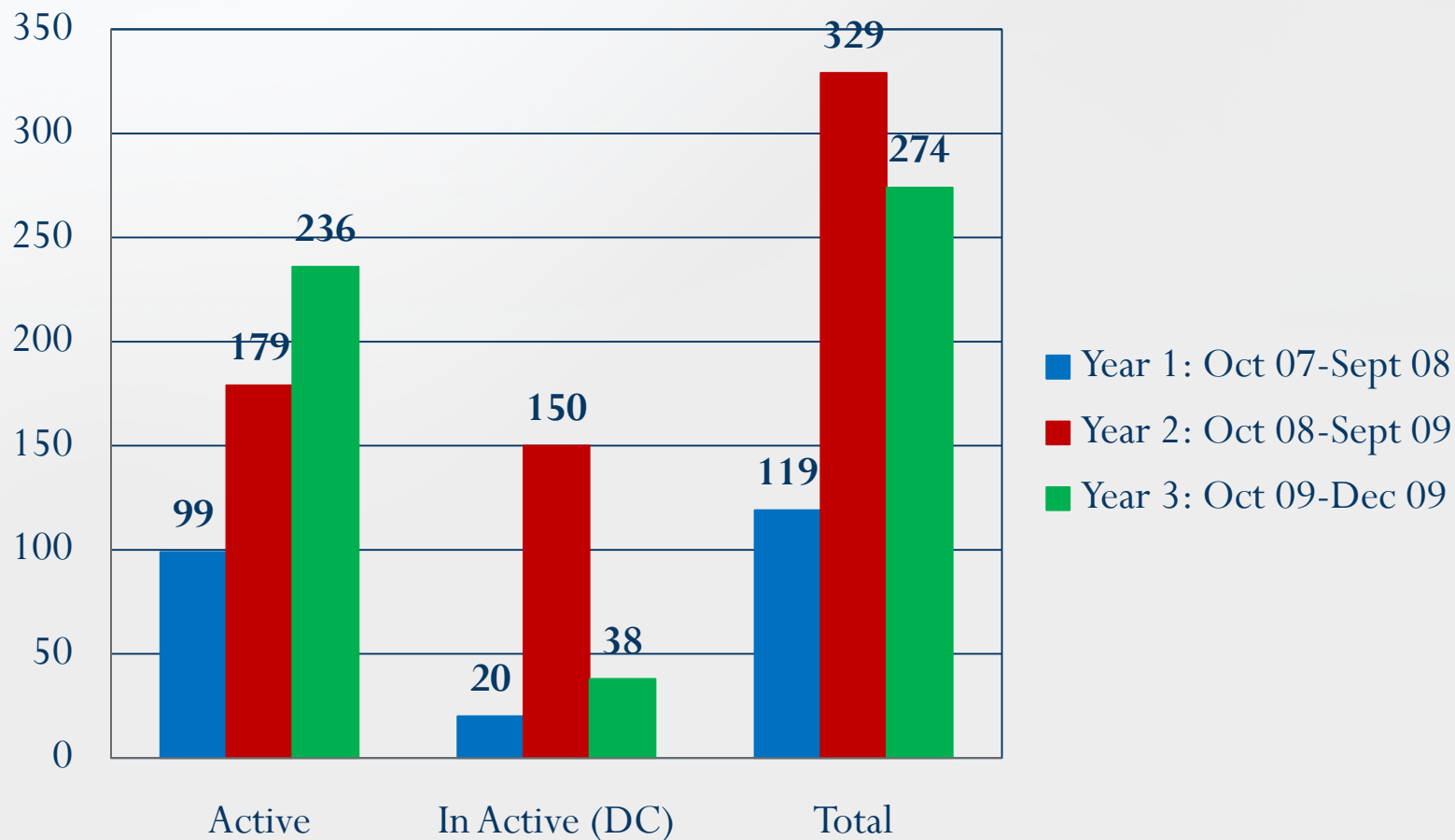


# Yearly Statistics

- Year 1 (Oct 2007- Sept 2008)
  - 358 Initial Screening Forms
  - 119 admissions
  - At the end of Year 1,
    - 99 active participants
    - 20 participants were discharged
- Year 2 (Oct 2008- Sept 2009)
  - 702 Initial Screening Forms
  - 329 admissions
  - At the end of Year 2
    - 179 active participants
    - 150 discharged
- Year 3 (Oct 2009- Sept 2010)
  - 1060 Initial Screening Forms
  - 272 admissions
  - At the end of December of Year 3
    - 236 active participants
    - 38 discharged

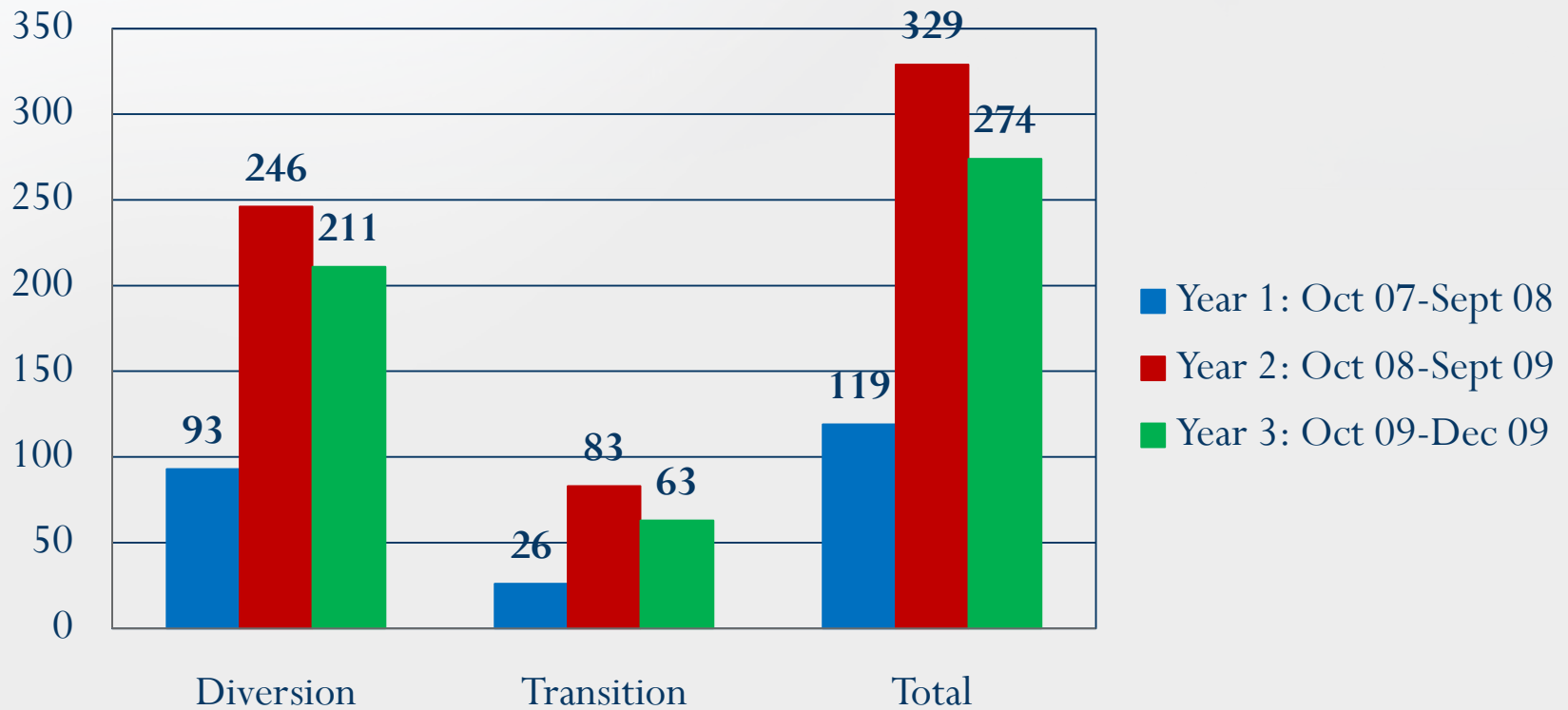


# MYPAC Youth

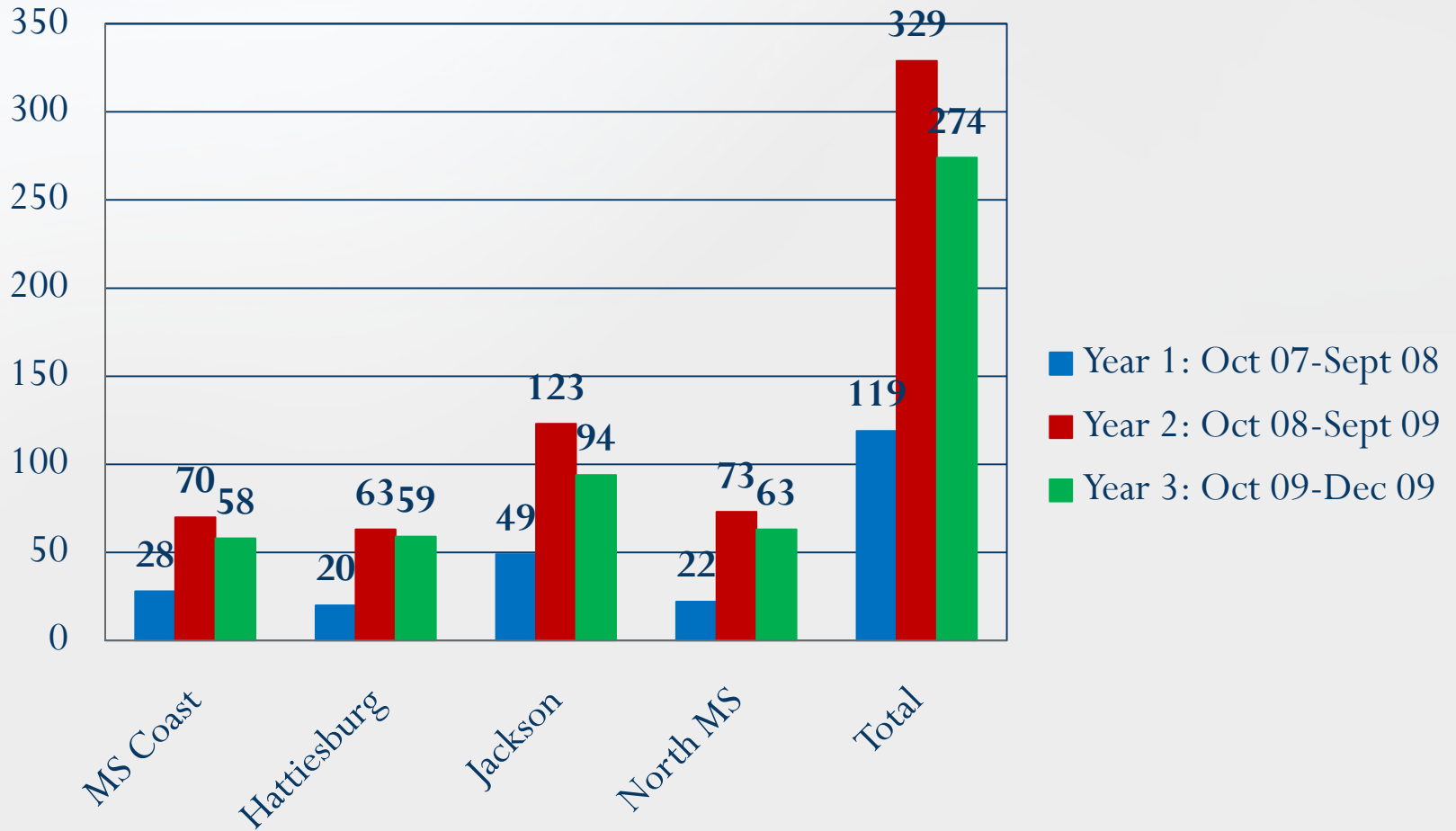




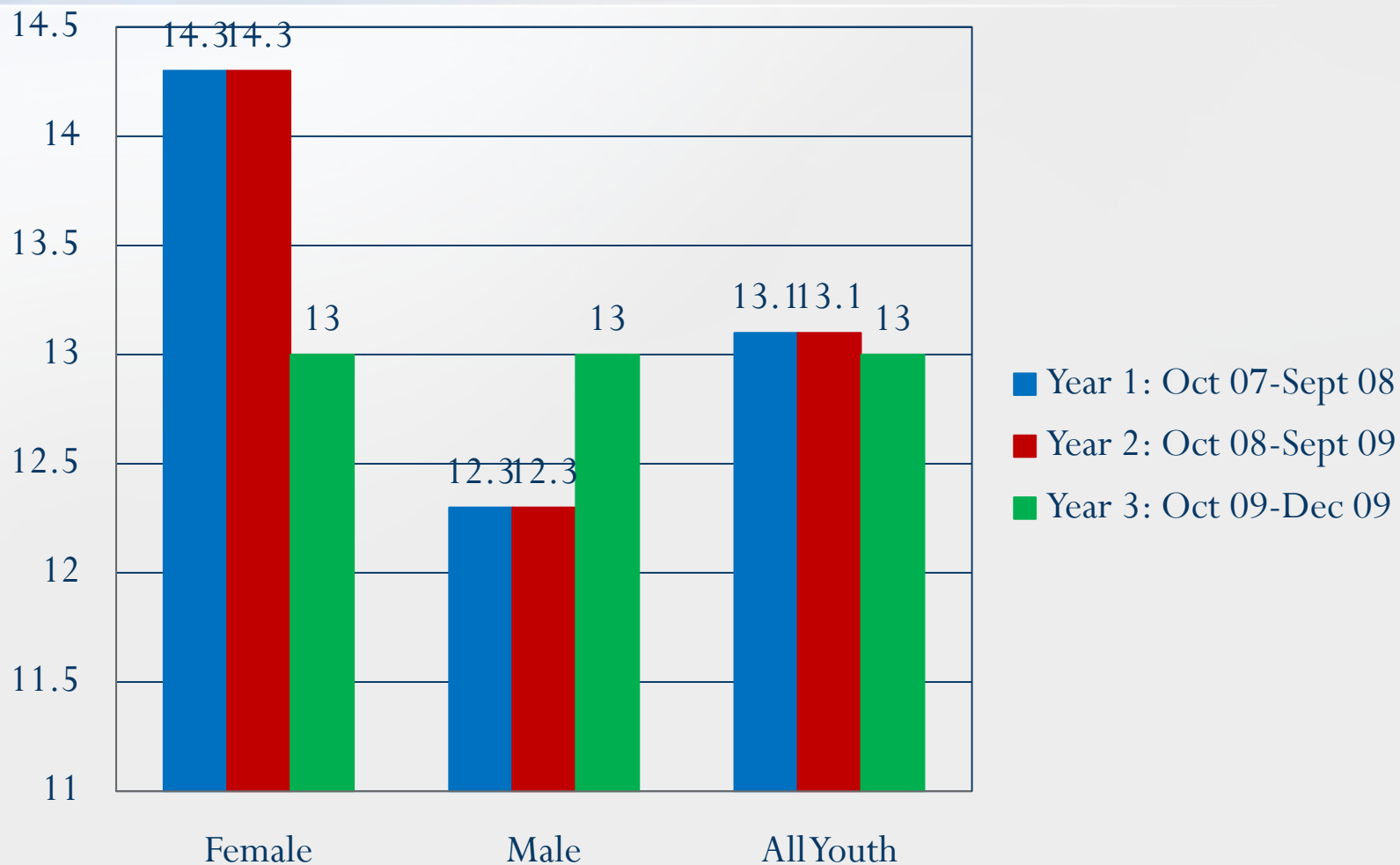
# Youth: Diversion vs. Transition



# Youth per Location



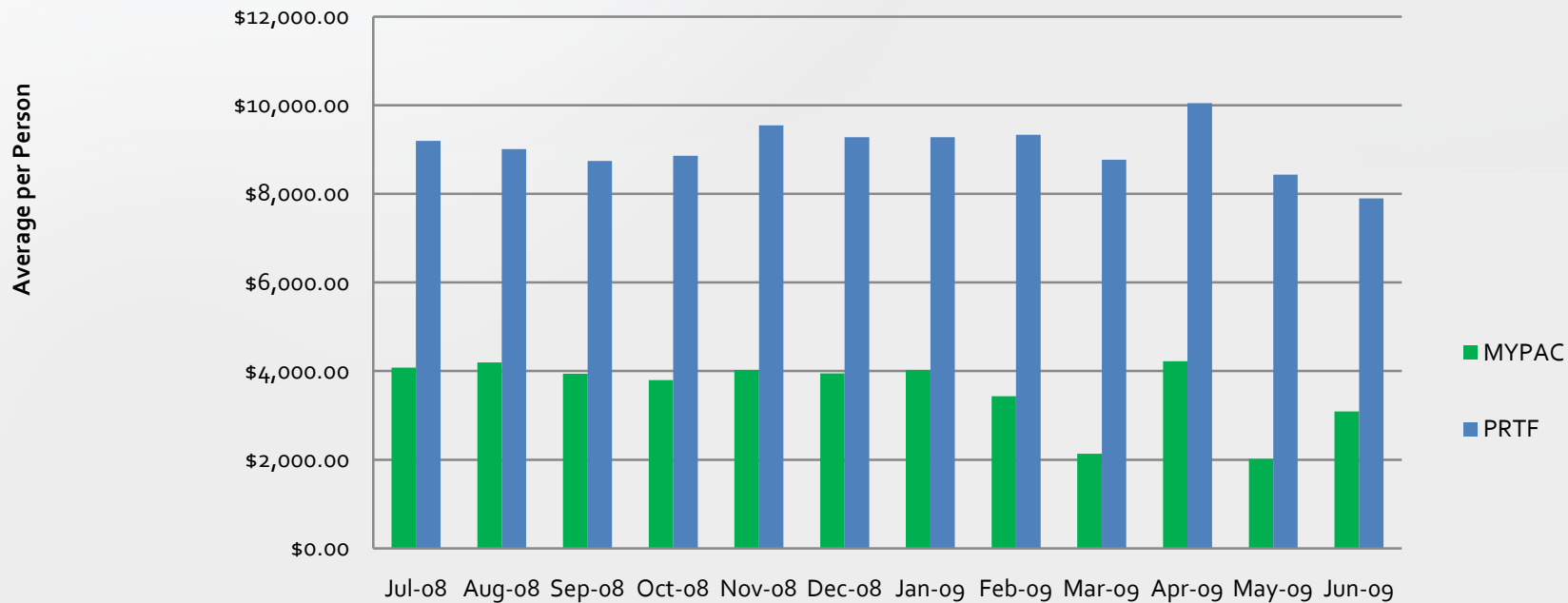
# MYPAC Average Age



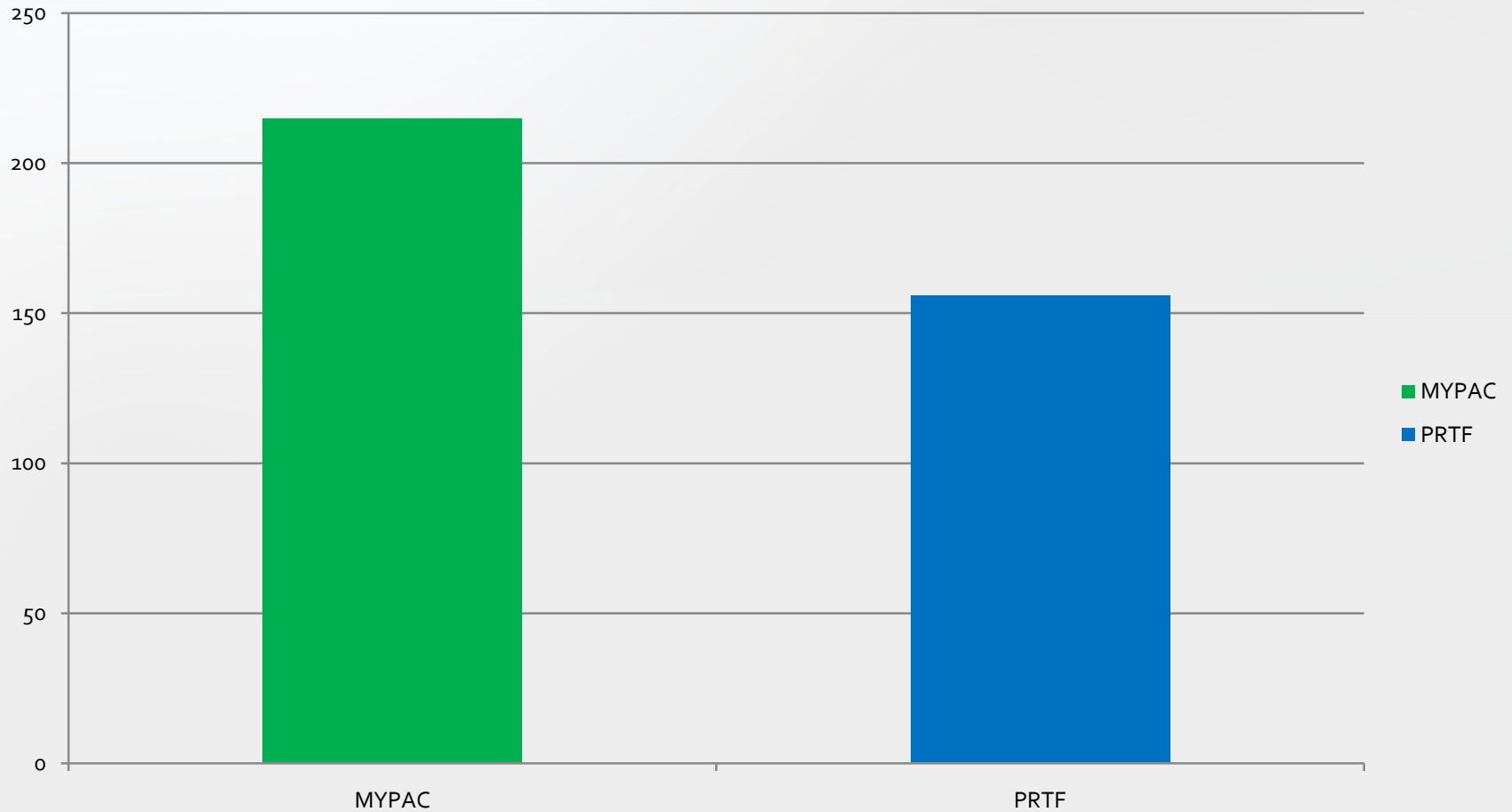
# Monthly Average Cost Per Person

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# Average Length of Stay



11/1/07-  
6/30/09

# Contact Information

[http://www.medicaid.ms.gov/Mental  
HealthServices.aspx](http://www.medicaid.ms.gov/MentalHealthServices.aspx)

601-359-9536

