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
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
<table>
<thead>
<tr>
<th>State</th>
<th>Baseline</th>
<th>6-month</th>
<th>Discharge</th>
<th>12-month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mississippi</td>
<td>261</td>
<td>108</td>
<td>109</td>
<td>16</td>
</tr>
<tr>
<td>Montana</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indiana</td>
<td>573</td>
<td>256</td>
<td>195</td>
<td>94</td>
</tr>
<tr>
<td>Kansas</td>
<td>105</td>
<td>34</td>
<td>35</td>
<td>4</td>
</tr>
<tr>
<td>South Carolina</td>
<td>14</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virginia</td>
<td>23</td>
<td>2</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1000</strong></td>
<td><strong>409</strong></td>
<td><strong>339</strong></td>
<td><strong>118</strong></td>
</tr>
</tbody>
</table>
## Demographics

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Baseline</th>
<th>At Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age at the time of admission to waiver</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 13</td>
<td>379</td>
<td>105</td>
</tr>
<tr>
<td>13 - 18</td>
<td>578</td>
<td>218</td>
</tr>
<tr>
<td>19 - 21</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>48%</td>
<td>16%</td>
</tr>
<tr>
<td>Female</td>
<td>25%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>48%</td>
<td>17%</td>
</tr>
<tr>
<td>Black</td>
<td>17%</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2.1%</td>
<td>52%</td>
</tr>
<tr>
<td>Non-hispanic</td>
<td>68.9%</td>
<td>24%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>980</td>
<td>333</td>
</tr>
</tbody>
</table>
### Transition/Diverted Cases

<table>
<thead>
<tr>
<th>Common Outcomes</th>
<th>Transitioned Individuals</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Mean</td>
<td>P value of the difference</td>
</tr>
<tr>
<td>age at first receipt of mental health services (F1CORE_11)</td>
<td>203</td>
<td>11.22***</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td># of PRTF admissions to date (F1CORE_12)</td>
<td>98</td>
<td>2.03***</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>days in PRTF</td>
<td>216</td>
<td>58.47***</td>
<td>&lt;.0001</td>
</tr>
<tr>
<td>days in psychiatric hospital</td>
<td>212</td>
<td>4</td>
<td>0.6802</td>
</tr>
<tr>
<td>Days in other out-of-home placements</td>
<td>194</td>
<td>18.15*</td>
<td>0.0497</td>
</tr>
<tr>
<td># of absences from school in the past 6 months</td>
<td>97</td>
<td>9</td>
<td>0.0971</td>
</tr>
<tr>
<td># of arrests in the past 6 months</td>
<td>204.0</td>
<td>0.31*</td>
<td>0.0111</td>
</tr>
</tbody>
</table>

(* 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)

<table>
<thead>
<tr>
<th></th>
<th>Enrollees who had 6month Followup data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td><strong>SCHOOL FUNCTIONING</strong></td>
<td></td>
</tr>
<tr>
<td>School Achievement</td>
<td>275</td>
</tr>
<tr>
<td>School Attendance</td>
<td>275</td>
</tr>
<tr>
<td>School Behavior</td>
<td>275</td>
</tr>
<tr>
<td><strong>JUVENILE JUSTICE</strong></td>
<td></td>
</tr>
<tr>
<td>Crime/Delinquency</td>
<td>275</td>
</tr>
<tr>
<td><strong>ALCOHOL &amp; OTHER DRUG USE</strong></td>
<td></td>
</tr>
<tr>
<td>Substance Use</td>
<td>275</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH</strong></td>
<td></td>
</tr>
<tr>
<td>Adjustment to Trauma</td>
<td>275</td>
</tr>
<tr>
<td>Depression/Anxiety</td>
<td>275</td>
</tr>
<tr>
<td>Attention Deficit/Impulse</td>
<td>275</td>
</tr>
<tr>
<td>Control/Hyperactivity</td>
<td></td>
</tr>
<tr>
<td>Danger to Others</td>
<td>275</td>
</tr>
<tr>
<td>Oppositional Behavior</td>
<td>275</td>
</tr>
<tr>
<td>Psychosis</td>
<td>275</td>
</tr>
<tr>
<td>Sexual Aggression/Abusive Behavior</td>
<td>275</td>
</tr>
<tr>
<td>Danger to Self/Suicide Risk</td>
<td>274</td>
</tr>
<tr>
<td>Social Behavior</td>
<td>275</td>
</tr>
<tr>
<td><strong>SOCIAL SUPPORT</strong></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>275</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>274</td>
</tr>
<tr>
<td>Relationship Permanence</td>
<td>275</td>
</tr>
<tr>
<td><strong>FAMILY FUNCTIONING OUTCOMES</strong></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>275</td>
</tr>
<tr>
<td>Involvement</td>
<td>275</td>
</tr>
<tr>
<td>Knowledge</td>
<td>275</td>
</tr>
<tr>
<td>Supervision</td>
<td>275</td>
</tr>
<tr>
<td>Changed CANS outcomes between baseline and discharge</td>
<td>Enrollees who had Discharge data</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>SCHOOL FUNCTIONING</td>
<td></td>
</tr>
<tr>
<td>School Achievement</td>
<td>284</td>
</tr>
<tr>
<td>School Attendance</td>
<td>284</td>
</tr>
<tr>
<td>School Behavior</td>
<td>284</td>
</tr>
<tr>
<td>JUVENILE JUSTICE</td>
<td></td>
</tr>
<tr>
<td>Crime/Delinquency</td>
<td>284</td>
</tr>
<tr>
<td>ALCOHOL &amp; OTHER DRUG USE</td>
<td></td>
</tr>
<tr>
<td>Substance Use</td>
<td>283</td>
</tr>
<tr>
<td>MENTAL HEALTH</td>
<td></td>
</tr>
<tr>
<td>Adjustment to Trauma</td>
<td>283</td>
</tr>
<tr>
<td>Depression/Anxiety</td>
<td>284</td>
</tr>
<tr>
<td>Attention Deficit/Impulse</td>
<td>284</td>
</tr>
<tr>
<td>Control/Hyperactivity</td>
<td></td>
</tr>
<tr>
<td>Danger to Others</td>
<td>284</td>
</tr>
<tr>
<td>Oppositional Behavior</td>
<td>283</td>
</tr>
<tr>
<td>Psychosis</td>
<td>284</td>
</tr>
<tr>
<td>Sexual Aggression/Abusive Behavior</td>
<td>284</td>
</tr>
<tr>
<td>Danger to Self/Suicide Risk</td>
<td>284</td>
</tr>
<tr>
<td>Social Behavior</td>
<td>284</td>
</tr>
<tr>
<td>SOCIAL SUPPORT</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>284</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>284</td>
</tr>
<tr>
<td>Relationship Permanence</td>
<td>284</td>
</tr>
<tr>
<td>FAMILY FUNCTIONING OUTCOMES</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>284</td>
</tr>
<tr>
<td>Involvement</td>
<td>284</td>
</tr>
<tr>
<td>Knowledge</td>
<td>284</td>
</tr>
<tr>
<td>Supervision</td>
<td>284</td>
</tr>
</tbody>
</table>
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..
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
What is unique about Kansas?

*Dorothy, Toto, Tornadoes—The Land of Ahhs*
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.
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.
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.
PRTF CBA Grant in Kansas

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

- August 2008: 7
- September 2008: 8
- October 2008: 9
- November 2008: 21
- December 2008: 20
- January 2009: 21
- February 2009: 23
- March 2009: 24
- April 2009: 19
- May 2009: 21
- June 2009: 26
- July 2009: 27
- August 2009: 33

Note: The graph shows the number of diversions from PRTF CBA over time from August 2008 to February 2010.
PRTF CBA Transitions
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
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*
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
Medicaid Focused Study

Annual Prevalence Rates

- 18,820 (9%)
- 191,458 (91%)

- Child with no psychotropic drug claims
- Child with psychotropic drug claims
Medicaid Children’s Focused Study

Mental Health Diagnosis

- Child with psychotropics drug claims with a mental health diagnosis
- Child with psychotropics drug claims without a mental health diagnosis

- 15,297 (81%)
- 3,523 (19%)
Medicaid Children’s Focused Study

Polypharmacy

- Child receiving one psychotropic drug: 1,558 (8%)
- Child receiving two psychotropic drugs: 2,728 (15%)
- Child receiving three psychotropic drugs: 4,783 (25%)
- Child receiving four psychotropic drugs: 8,287 (44%)
- Child five or more psychotropic drugs: 1,464 (8%)

March 7-10, 2010
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.
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.
Contact Information

- Bobbie.GraffHendrixson@srs.ks.gov
- 785-368-7022
- 915 SW Harrison
  Topeka, Kansas  66612
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
- 1st four youth admitted November 28, 2007
- Claims paid December 2007
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.
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

- 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

Year 1: Oct 07-Sept 08
Year 2: Oct 08-Sept 09
Year 3: Oct 09-Dec 09
Youth: Diversion vs. Transition

Year 1: Oct 07 - Sept 08
Year 2: Oct 08 - Sept 09
Year 3: Oct 09 - Dec 09
MYPAC Average Age

- Year 1: Oct 07-Sept 08
- Year 2: Oct 08-Sept 09
- Year 3: Oct 09-Dec 09
Average Length of Stay

![Bar chart comparing MYPAC and PRTF average length of stay from 11/1/07 to 6/30/09]
Contact Information

http://www.medicaid.ms.gov/MentalHealthServices.aspx
601-359-9536