Children's Out-of-State Residential Treatment & Update on Children's Mental Health System

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DEPARTMENT OF HUMAN SERVICES

Agenda

(1) Children's out-of-state residential treatment data | DHS

(2) Overview & update on children's mental health system | DHS

(3) County role and perspective | counties

(4) Provider experiences and perspective | mental health providers

Children’s out-of-state residential treatment

Session Law

Sec. 40. DIRECTION TO THE COMMISSIONER OF HUMAN SERVICES; SURVEY OF OUT-OF-STATE CHILDREN'S RESIDENTIAL FACILITY PLACEMENTS.

- (a) By September 1, 2023, the commissioner of human services shall develop and make available a survey of all county social services agencies to gather the following data for fiscal years 2018 to 2022:
  - (1) the aggregate number of children who were placed for any period in a children's residential facility under Minnesota Statutes, section 260.93, that is located in another state; and
  - (2) the total cost for these placements, including county, state, and federal contributions.
- (b) All county social services agencies shall complete the survey and submit responses as prescribed by the commissioner by January 31, 2024.
- (c) By March 1, 2024, the commissioner shall submit all survey responses and a list of the counties that complied and the counties that failed to comply with the requirements under this section to the chairs Out-of-State Children’s Residential Facility Placement Costs 2 and ranking minority members of the legislative committees with jurisdiction over human services and child protection.

Data Availability and Consistency

To get costs of out-of-state placements in children's residential facilities, we needed to:

- Connect specific fiscal data with specific placement data
  - Current fiscal reporting breaks down county/state costs by billing code, but not by location
  - SSIS billing data connects with placement data, but does not provide state/local cost breakdown (reconciliation happens outside SSIS)
- Establish parameters to ensure data points consistent across counties
  - "Fill in the blank" vs. "true or false" survey option

Final parameters
SSIS fiscal/placement data

- Fiscal year = state fiscal year (SFY), which is July 1 through June 30
- Placed for any period = an active out-of-home placement during a given SFY
- Children's residential facility under M.S. §260.93 located in another state = a placement billed under BRASS 483 whose physical, home, billing or mailing address is outside of Minnesota
- Total cost for these placements = the total dollar amount in a given SFY based on placement service dates
- County, state, and federal contributions = total dollar amount paid by each county using BRASS 483 associated with an out-of-state address, with any federal Title IV-E reimbursement received as a subset of the total county costs

Fiscal data by BRASS code

- BRASS (Budgeting, Reporting and Accounting for Social Services) codes
  - Used in SSIS to track local social service activity and complete quarterly fiscal reports
  - Each code designates a specific service provided
  - Location of service irrelevant
- “Children’s residential facility” = no clear BRASS code
  - Closest = BRASS 483: Children's Residential **Treatment** *(not facility)*

Process

- DHS pulled fiscal and placement data through October 2023 from SSIS using identified parameters.
- This data was entered into a Qualtrics survey that DHS sent to each county or county consortium director with instructions to review their data and make any corrections as needed.
- DHS worked closely with county agency staff to resolve data entry issues and questions
- DHS received feedback from county staff that additional BRASS codes should be included, based on their billing practices:
  - BRASS 183: Children's Group Residential Care
  - BRASS 185: Correctional Facilities
- DHS separately pulled fiscal and placement data through October 2023 from SSIS using identified parameters, except using BRASS 183 and BRASS 185 for placement data.

Caveats and feedback

- County billing and data entry practices vary
  - DHS provides guidance on BRASS code use, but local interpretation may vary
  - Billable service may not fit exactly into a specific BRASS code
  - System errors may require different BRASS code to be used instead of the one planned
- Difficult to assess *actual* costs
  - SSIS not designed to provide summary data in format requested
  - Multiple funding streams that may or may not be available
  - Reconciliation processes occur at different points, outside SSIS

Children's Group Residential Care (BRASS 183)

- Total number of unique children: 182 *(about 36/year; range: 34-87)*
- Total county costs: $18,320,531 *(about $3.66 million/year)*
- Total Title IV-E reimbursement: $916,704 *(about $183,340/year)*
- Total number of counties/county consortia represented: 27 out of 72

SFY 2018	SFY 2019	SFY2020	SFY2021	SFY 2022
72 children	87 children	71 children	43 children	34 children
$2,012,150 (county)	$5,534,174 (county)	$4,664,200 (county)	$3,713,545 (county)	$2,396,463 (county)
$128,964 (IV-E)	$172,427 (IV-E)	$194,443 (IV-E)	$230,641 (IV-E)	$190,229 (IV-E)

Correctional Facilities (BRASS 185)

- Total number of unique children: 59 *(about 12/year; range: 1-35)*
- Total county costs: $2,388,120 *(about $477,624/year)*
- Total Title IV-E reimbursement: $208,752 *(about $41,750/year)*
- Total number of counties/county consortia represented: 10 out of 72

SFY 2018	SFY 2019	SFY2020	SFY2021	SFY 2022
35 children	31 children	17 children	1 children	1 children
$774,303 (county)	$1,155,491 (county)	$371,309 (county)	$16,043 (county)	$70,975 (county)
$93,365 (IV-E)	$74,695 (IV-E)	$40,691 (IV-E)	$0 (IV-E)	$0 (IV-E)

Children's Residential Treatment (BRASS 483)

Statewide totals could not be determined using county-corrected data. Instead, these statewide totals were determined via DHS data pull using identified parameters consistent with statewide totals under BRASS 183 and BRASS 185.

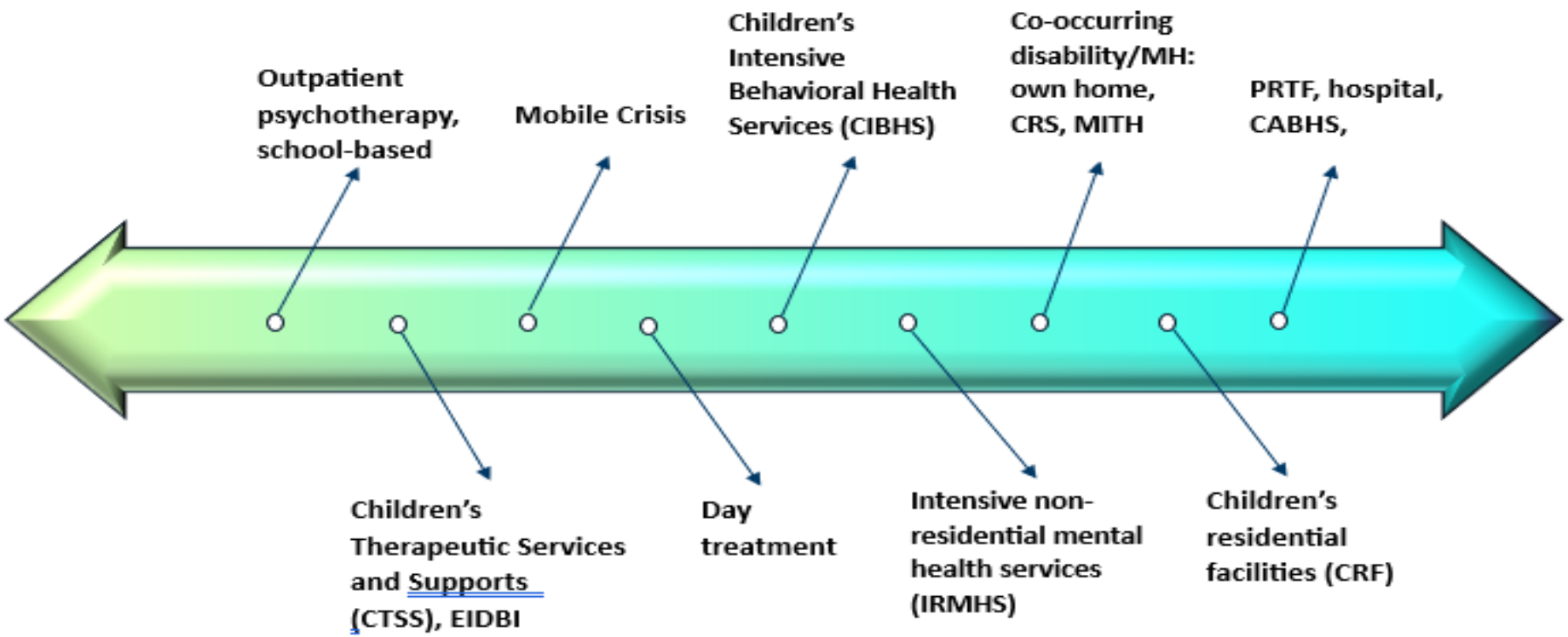
- Total number of unique children: 227 *(about 45/year; range: 51-88)*
- Total county costs: $21,584,306 *(about $4.32 million/year)*
- Total Title IV-E reimbursement: $2,022,709 *(about $404,542/year)*
- Total number of counties/county consortia represented: 43 out of 72

SFY 2018	SFY 2019	SFY2020	SFY2021	SFY 2022
88 children	86 children	79 children	58 children	51 children
$3,076,404 (county)	$4,763,719 (county)	$5,018,940 (county)	$4,646,880 (county)	$4,078,363 (county)
$303,255 (IV-E)	$437,117 (IV-E)	$398,050 (IV-E)	$488,402 (IV-E)	$395,886 (IV-E)

Overview & update on children’s mental health system

Continuum of MA services

Children's MA Mental Health Continuum of Services

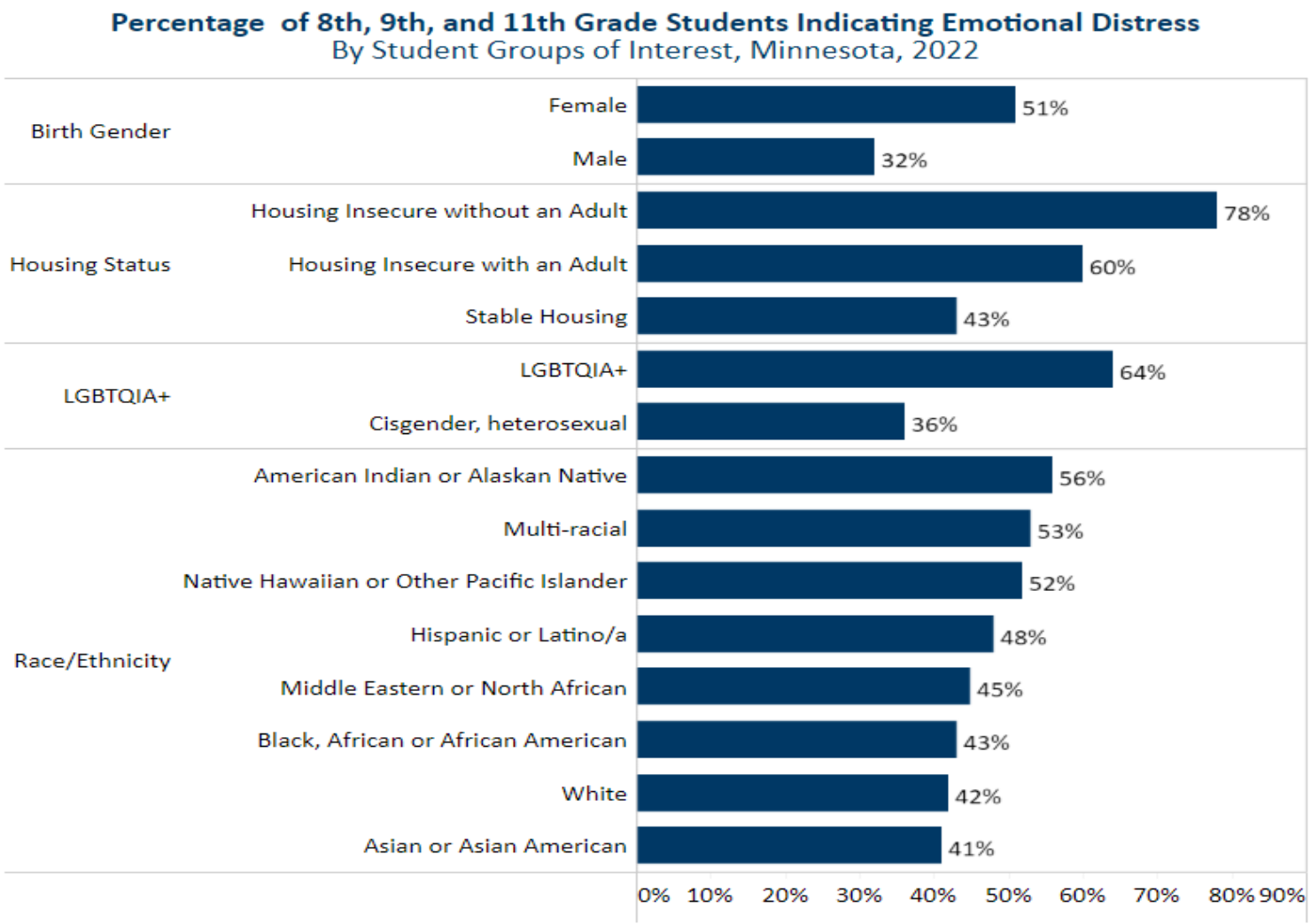


Prevalence and complexity of children's MH

Students reporting greater struggles with depression and anxiety, more than at any other time in the history of the survey.

- 2022 Minnesota Student Survey showed a continuation of an upward trend:
  - 29% of students reporting long-term mental health problems compared to 23% in 2019 and 18% in 2016.
  - Serious suicidal thoughts jumped to 28% in 2022, compared to 24% in 2019 and 23% in 2013.
- Almost 44 percent (37,912) of students in grades 8, 9, and 11 in expressed they are going through mental distress.
  - Students who identify as LGBTQIA+ experiencing emotional distress at twice the rate compared to students who do not identify as part of this group.
  - At least 60 percent of students who faced housing or economic insecurity reported emotional distress.
  - While all groups have shown an increase in mental health distress in recent years, the most significant changes were observed among female students.

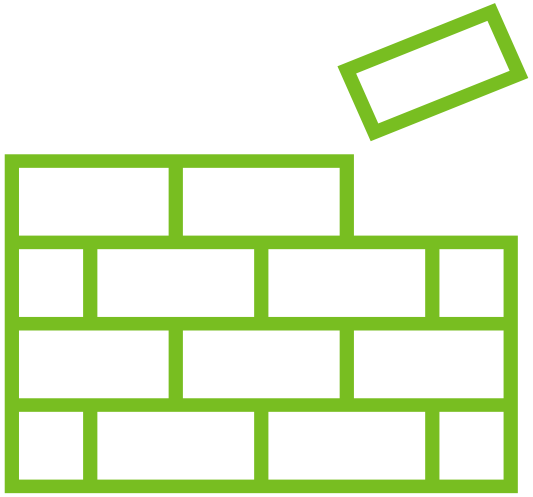
Students experiencing emotional distress



Mental health workforce

- Overall, Minnesota and the nation are facing a severe workforce shortage
- In addition to an aging workforce, workers are burned out and exiting prematurely, particularly in healthcare professions
- Job vacancies in mental health fields are slow to return to pre-pandemic levels
- There is a lack of Black, Indigenous, and People of Color representation in the mental health field.

Building a comprehensive system



- Psychiatric emergencies and residential care are one part of the continuum. Investments in preventative and outpatient mental health services are also necessary.
  - MA fee-for-service outpatient rates
- Medical Assistance- defined and sustained service models needed:
  - Children's MH residential crisis services
  - Children's MH residential step-down services
  - Juvenile re-entry services
  - Violence prevention
  - Psychiatric Collaborative Care (CoC)
  - First Episode Psychosis: Coordinated Specialty Care

Complex transitions- who is getting stuck in acute care settings?

Children (under 20)	Adults
Engaged with child welfare	Criminal histories
Native American children over-represented	High medical needs
Autism	Multiple hospital stays
• Individuals with acute aggression who injure parents or caregivers • Trauma present • Reputation with providers as being hard to serve – burned bridges • Under serviced – receiving only PCA – this applies a lot to the BIPOC community • Non-verbal • Dual MH and IDD diagnosis	

Complex transitions- why are people getting stuck in acute care settings?

- Not enough units at specific levels of care (i.e. PRTF, specialized or individualized settings)
- Appropriate or therapeutic level of care to meet the need does not exist
- Worsening of mental health issues- lack of positive support services, not enough upstream and step-down services
- Care giver training (receiving provider)

Minnesota Intensive Therapeutic Homes

- **Foster care setting provides a unique alternative to institutional placement.**
- **For children with severe emotional disturbances and serious acting-out behaviors.**
- **Children typically have significant history of trauma and abuse.**

Children's Residential Facilities (CRF)

- CRFs provide temporary care or treatment to children in a group setting when not living with a parent. Services include supervision, food, lodging, training, education, and treatment.
- CRFs may be licensed by DHS or the Department of Corrections.
- CRFs may be certified to provide specific services. Program certifications include:
  - Shelter program
  - Transitional program
  - MH treatment program
  - Substance use disorder treatment program
  - Correctional program (DOC)
  - Secure program (DOC)

Psychiatric Residential Treatment Facility (PRTF)

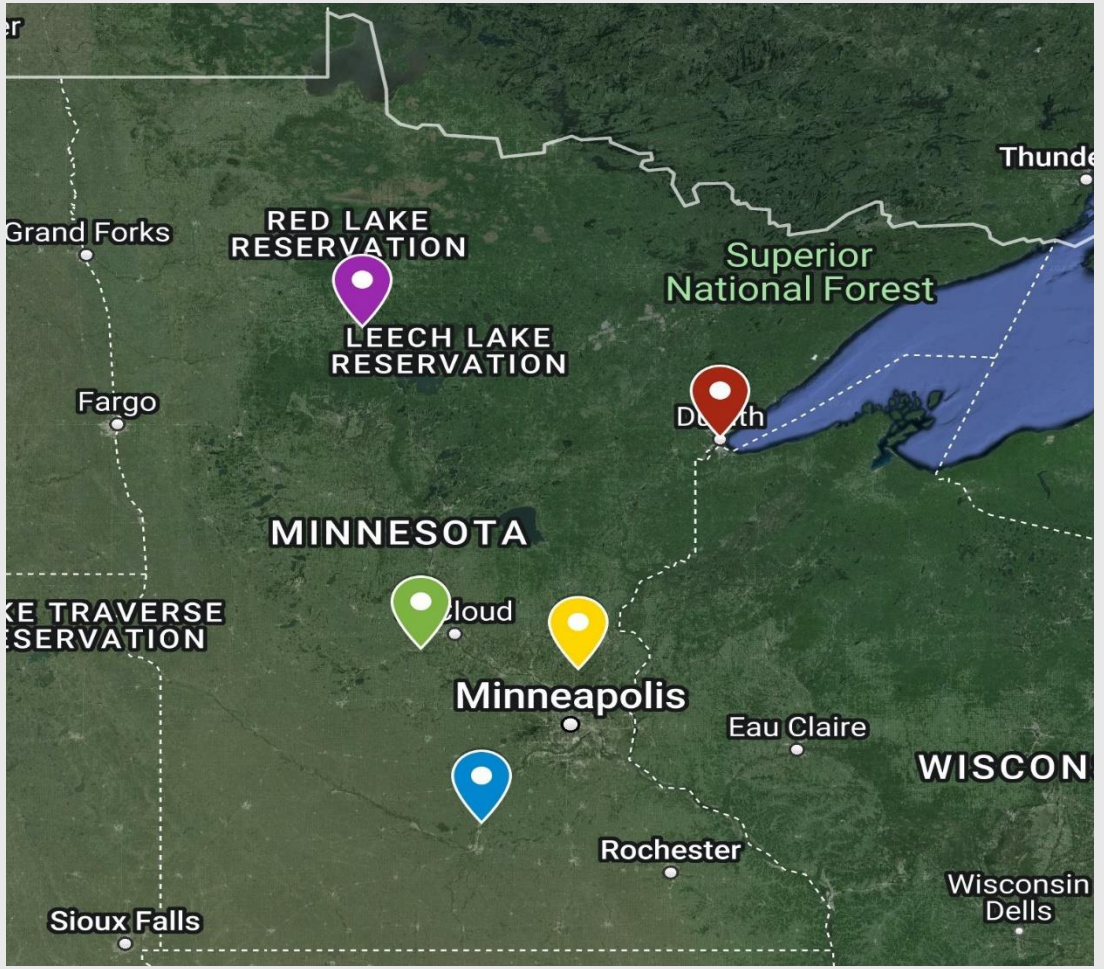
- **PRTF is a more recent addition to MA authorized by 2015 Legislature**
  - Hospital level of care treatment for youth under of 21
  - Serves youth with severe mental health conditions, under the direction of a physician, seven days a week.
  - Eligibility is based on medical necessity
- **Ongoing grant funding to support youth with complex conditions authorized by 2024 Legislature**
  - neurocognitive disorders
  - co-occurring intellectual developmental disabilities
  - schizophrenia spectrum disorders
  - labeled aggressive behaviors
  - manifested sexually inappropriate behaviors

PRTFs in Minnesota

Total PRTF beds funded by legislature: **300**

- Licensed beds in currently operating PRTFs: **158**
- Currently utilized licensed beds in operating PRTFs: **77**
- Currently allocated beds, but facility not yet open: **52**

= 90 beds left to be allocated via RFP



Child and Adolescent Behavioral Health Hospital

- **Serves children ages 4 to 18 with complex mental illnesses and behavior disorders who cannot be treated in their home communities.**
- **Many patients have multiple diagnoses.**
- **For most patients, prior treatments have been ineffective.**