

Testimony- Children and Family Committee
Chair- Representative Mike Kiegerl
January 24, 2012

Mr. Chairman and members of the Children and Family Committee:

Thank you for allowing me to address this committee regarding the importance maintaining Psychiatric Residential Treatment Facilities as a vital part of the **continuum** of mental health care for the children and families of the State of Kansas.

Psychiatric Residential Treatment is necessary for children when they are not stable enough to safely participate in treatment at home or in the community. Most children in PRTF's have a history of **chronic** instability in their community. Unsafe instability can appear as a child's urge to harm him/herself, rage attacks with aggression towards people, animals or property; disorganized behavior that puts a child at risk of accidental harm; and risky behaviors that endanger the child (running away, risky sexual behavior, drug and alcohol use, etc). Most of these youngsters have experienced the ravages of (what mental health professionals refer to as) "complex trauma." These youngsters have experienced neglect as well as emotional, physical or sexual abuse on multiple occasions over numerous years. Many have been in 25 or more out of home placements in their short lives.

Although no one desires for children to be removed from their homes or raised in an institutional environment, sometimes it is important for these traumatized youngsters to be placed in a structured and safe placement that allows for total immersion in a therapeutic environment. Adolescents need adults to support them in attaining what they need: food and shelter, health and safety, connections with family and friends, achievement and confidence, and power and purpose. For youth with psychiatric disorders, they need adults to help them regulate their mood, clarify their thinking, increase their intentionality, and relate appropriately. The idea that current PRTF's are like institutions of the 1950's and 60's is antiquated and simply untrue. KidsTLC and other PRTF's work diligently at providing an environment that safe, nurturing and one that provides committed adults who value connection before correction.

Once the child, family and outpatient treatment team understand the triggers and conditions that destabilize the child, they can learn the strategies that lead to more stability and that prevent instability. The youth practices new skills at the residential facility and while on passes home- with his/her family. The family creates new patterns of interaction that empower everyone's success. The outpatient treatment team prepares plans and services to support the youth and family. When the skills, interactions and plans are able prevent the youth's dangerous behaviors and support the youth in participating in treatment in the community, the youth is discharged home.

It is the sincere hope of KidsTLC that the kind of instability that occurred in 2011 to Kansas PRTF's can be avoided in the future. KidsTLC and other PRTF's are most willing to examine all aspects of cost saving and quality improvement measures, but not at the price of inadequate or below standard care.

Some of the measures that KidsTLC has implemented, explored and now recommended in order to meet the demand of cost-efficient, clinically effective PRTF's are:

- Allowing greater, more creative options for PRTF's, e.g. shorter term stabilization programs for those youth who are not in imminent danger for harm to self or others, but do not require 30 days of residential treatment (sub-acute or therapeutic respite care) Close family partnerships are an integral part of this treatment. These kinds of programs don't fit into current payment structures but could be more cost effective.
- Creating more permeable boundaries between in-home and out-of-home treatment. After a period of stabilization and therapeutic work at the PRTF, therapists and case managers go into the home before or during therapeutic passes to ensure the generalization of therapeutic strategies and behavioral adaptations so that children are able to remain with their families.
- Providing in-home therapeutic services during the critical "passage" or "bridge" phase between a child's discharge from the PRTF to the commencement of community services. KidsTLC has provided this service for the last six months with no reimbursement with great results.
- The ability of PRTF's to provide or link more closely with CMHC's to provide more community- based services such as crisis intervention; targeted case management; attendant care and parenting skills education. Children and families not having to shift from provider to provider will allow for greater continuity of care for children and families.
- Recognizing that shorter lengths of stay are not necessarily more clinically or economically effective. Some children who experience

trauma in their early years develop a pervasive sense of insecurity and aloneness which is referred to clinically as “insecure attachment.” These children are unable to use relationships to feel secure and to learn new behaviors. First they must learn to feel safe within relationships, trusting that their caregivers will help and not harm them. Programs in other States e.g. Oklahoma, have demonstrated that longer- term (12 months); attachment- focused residential treatment can end the high cost of revolving door foster home, hospital and PRTF placements.

We also ask that this committee direct SRS to support and implement the recommendations of the PRTF task force outlined in detail in the “PRTF Guidance Paper dated October 21, 2011.”

KidsTLC is also extremely concerned about the implementation of greater managed care oversight over PRTF’s. A “once size fits all” cost savings approach is not sensitive to the needs of children and families who suffer from chronic and debilitating complex trauma.

KidsTLC is committed to its partnership with the State of Kansas to provide excellent, innovative and effective behavioral health services. With our PRTF colleagues, we are willing to collaborate in the shaping of programs and policies that are sensible, intentional, and customer informed. Careful collaboration between providers and the State will ultimately save money while improving the lives of all Kansans.

I would be happy to answer any questions that you might have.

Thank you,

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KidsTLC