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House Children and Families

And

House Corrections and Juvenile Justice Committees

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Psychiatric Residential Treatment Facilities

Disability & Behavioral Health Services

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Psychiatric Residential Treatment Facilities

Chairmen Colloton and Kiegerl and members of the Committees, thank you for the opportunity to appear before you today to present information about the Psychiatric Residential Treatment Facilities (PRTF).

Beginning in June of 2011, credentialed SRS mental health staff has been reviewing every PRTF screening and every discharge to ensure an appropriate decision was made during the screening, and/or discharge process. Staff has also been following up with the screeners, and Community Mental Health Centers (CMHCs) children service directors when it is determined the decision of a particular screen, or a discharge was not appropriate. Since the practice was initiated, not a single child has been screened out of a PRTF as a result of a decision reversal in central office. If we are going to err, we are going to err on the side of caution and admit the youth to the facility where they can get the treatment they need.

In addition, SRS staff has been following with the families of every child diverted from PRTF admission and every child discharged from a PRTF to ensure the family is receiving appropriate supports to maintain them in their homes and communities. SRS and CMHC's support youth, their families and or/guardians in the coordination of community based mental health services. SRS/MH works closely with child welfare contractors, the Juvenile Justice Administration, community developmental disability organizations and CMHC's in this effort.

Those who are not admitted are diverted to be supported in family or foster care and are provided with comprehensive wraparound services, which include an array of targeted services.

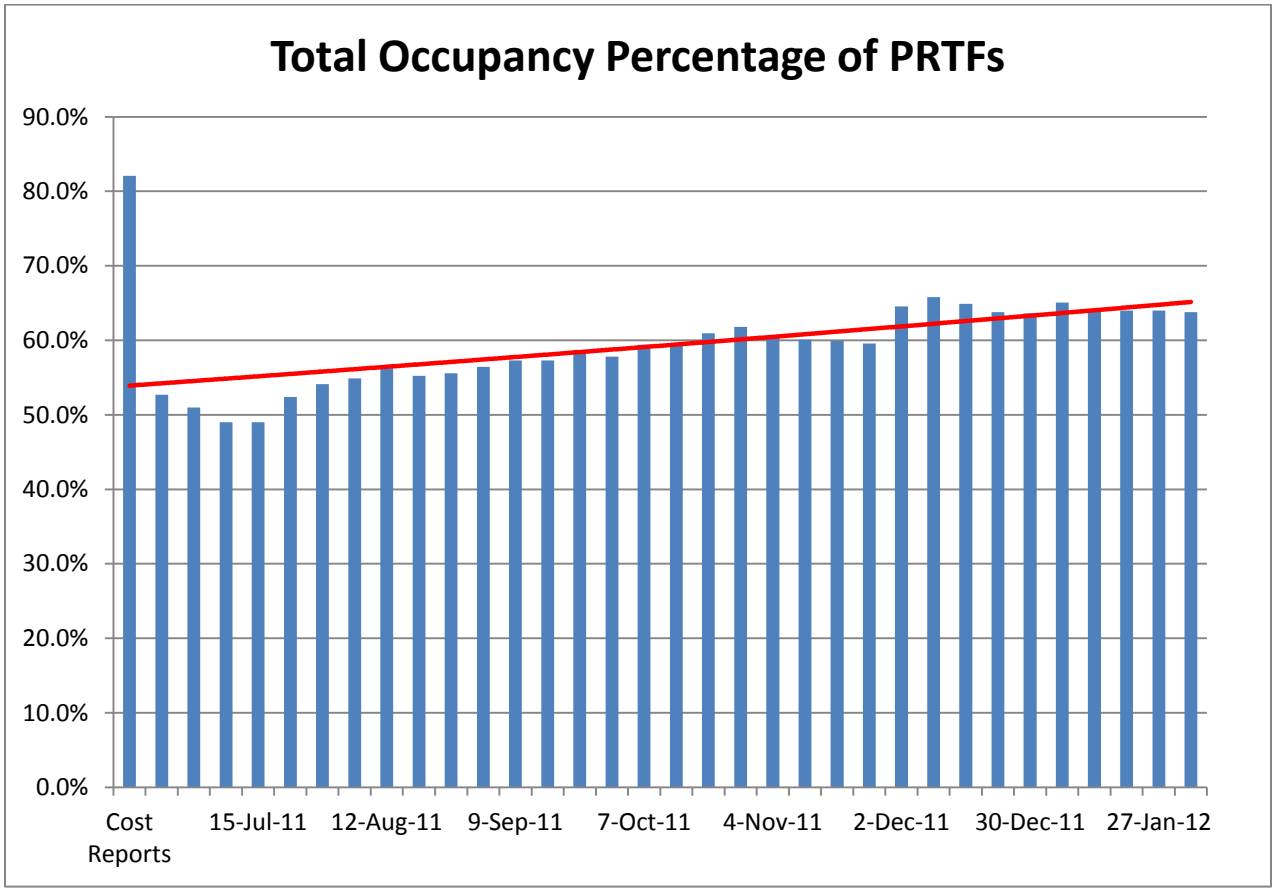
A concise review of all youth who were diverted from a PRTF between July 2011 and February 2012 was prepared by SRS staff. This review revealed that community mental health services were being delivered successfully and the need for youth to be admitted to a PRTF for inpatient treatment has dropped. The following is the result of the review.

- 220 youth were diverted from receiving PRTF level of service during this period of time

- 25 appeals pertaining to the diversions were filed by parents or custodial agent to KHS. Of the 25, 12 were overturned by KHS, and the youth went into a PRTF.
- 33 did not receive mental health services after diversion. The following is a list of reasons the youth did not participate in mental health services: moved out of state, youth turned 18 and no longer wanted services, youth ran from placement, parents did not want to continue services.
- Of the 33 who did not receive mental health services after diversion, 14 went to a PRTF within 30 days of diversion.

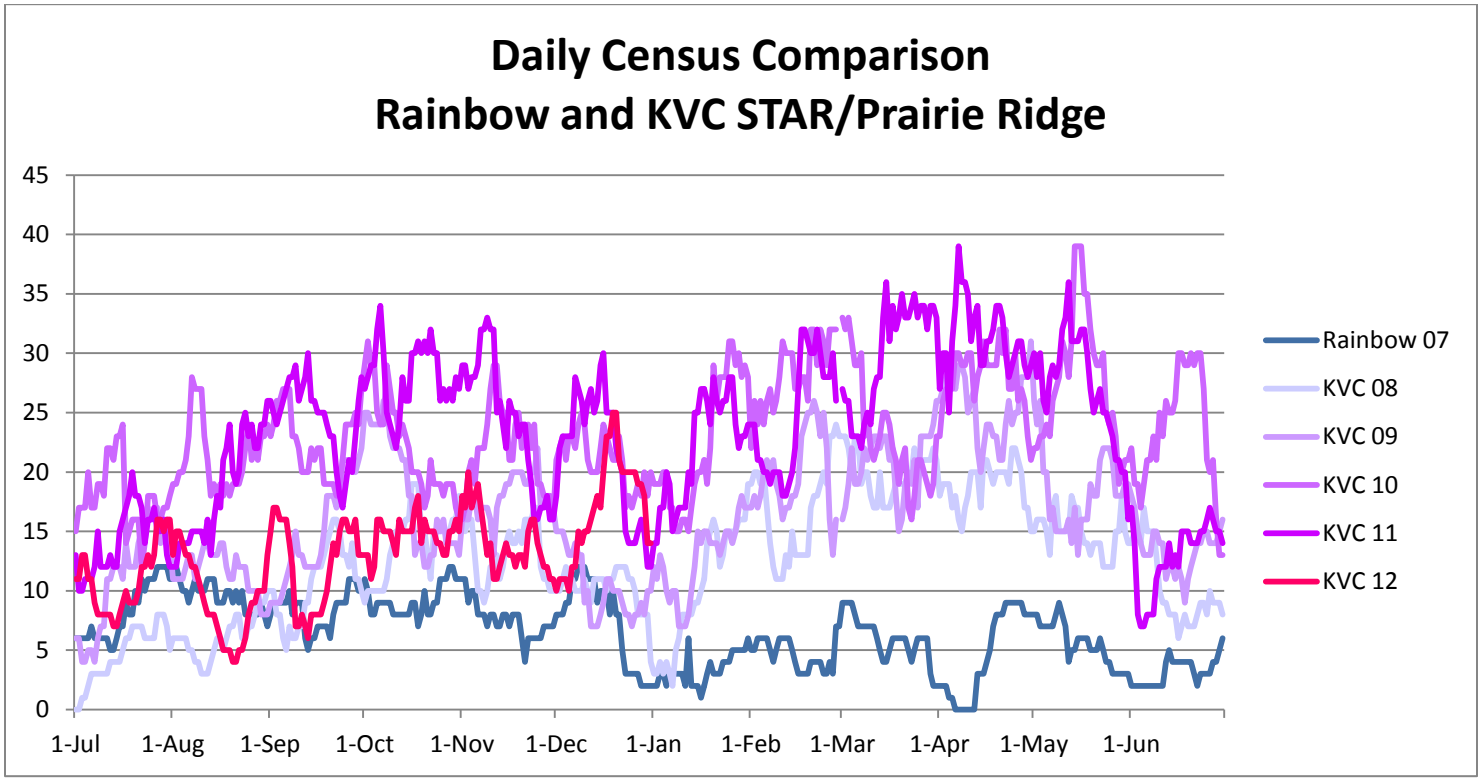
PRTF occupancy rates

PRTF occupancy rate as reported to the state on their January 2010 cost report, shows the PRTF's as a whole were operating at an 82% occupancy rate. Since July 2011, the occupancy rates have hovered around 64%. This is a change of approximately 18%.



Decrease use of State Hospital Alternatives

The use of state hospital alternatives has decreased in the past year concurrently with the improved utilization process for PRTF's. The following chart shows the decrease in the number of youth receiving services in the KVC Star state hospital alternatives as compared to prior years.



Recommendation outcomes

In November 2011, SRS presented testimony to the Joint Budget Committee about the status of PRTF's in Kansas. During the same hearing, PRTF Stakeholders presented testimony too. The committee suggested SRS should review the recommendations presented in stakeholders testimony and report any progress made. SRS is pleased to report the progress on the following recommendations:

1. SRS Mental Health in conjunction with the Association of Mental Health Centers, and KHS has reissued a joint letter addressing the importance of the PRTF's in Kansas, as well as reemphasizing for community case managers how to access this critical service. The letter (*Attachment A*) outlines the process on how to obtain a screen as well as a description of the appeal process.

2. SRS Mental Health is currently not seeking to change the occupancy rate to 90% for rate setting purposes. The current rate setting methodology will remain enforce.

3. The PRTF Guidance document has been widely disseminated and is being used in continuous quality improvement efforts for the PRTF's. Information will be collected by the SRS field staff through their regular ongoing work with PRTFs and CMHCs. Recommendations for improvements will be provided to each provider. Tracking and trending the outcome of these efforts will lead to a more efficient PRTF/CMHC system in Kansas (*Attachment B*)

4. SRS Mental Health is currently collecting the following data for youth both diverted and discharged from PRTFs. This information and other requested data will be shared with stakeholders when requested, as well as quarterly during stakeholder meetings.

    - Child's custody status
    - Timeliness of first community mental health service following diversion
    - Timeliness of first community mental health service following discharge
    - Types of services provided upon diversion and frequency of services provided
    - Types of services provided upon discharge and frequency of services provided
    - Placement at diversion or discharge (i.e. home, hospital, detention, foster home, etc.)

5. SRS Mental Health, through engagement of a small stakeholder workgroup, has completed the standardized intake packet for use with children in custody (*Attachment C*) and can begin distribution to Child Welfare and Juvenile Justice Authority2 (JJA) providers once final approval has been received from the full Association of CMHCs.

This concludes my testimony and I would be glad to stand for questions.