CHILDREN'S ALLIANCE
Community Agencies Serving Children and Families

Testimony on Psychiatric Residential Treatment Facilities (PRTF)

February 9, 2012

Thank you for the opportunity to submit testimony on this important issue. The Children's Alliance is the association of the private child welfare agencies in Kansas. Our members provide a host of services to children including family preservation, kinship care, foster care, adoption, residential services, independent living, and psychiatric residential treatment. Currently, 11 of the remaining 17 PRTFs are members of the Alliance.

Our members have been working with SRS and the Community Mental Health Centers since this past Spring to try to address the provision of services for children with serious psychiatric problems. PRTFs are a vital part of the continuum of care, and our members work closely with mental health centers to serve the needs of this population of youth. Our members are dedicated to serving the child's best interests and ensuring that the children who require psychiatric residential treatment will receive it. When children can be properly served in the community and in their family's home, this is the best option.

Since February there has been a very significant reduction in youth referred to Psychiatric Residential Treatment Facilities. We appreciate that the leadership of SRS has articulated that children with serious psychiatric problems are to be served quickly, either in the community or in residential treatment. To ensure that we meet that goal we must track the path these youth are taking to make sure that they are getting the proper services. Our goal here today is to join with others in supporting a series of recommendations to this committee that we believe will help provide a clearer picture of our system and a go-forward strategy. The following recommendations reflect the work and agreement between many of the partners in this system. This represents a joint effort to bring the committee what we hope will be viewed as constructive suggestions.

Recommendations for Committee Consideration

The following are recommendations that we would urge the committee to consider:

1. Include language stating that PRTFs are a necessary and vital part of the Kansas Children's Mental Health System and a vital part of the continuum of care escalating from community-based services, Acute Care/Crisis Stabilization, PRTF services, and hospitalization.
2. Include language opposing the SRS 90% occupancy reduced resource package. If accepted, this reduced resource package would further deteriorate the ability for children to receive PRTF services and would further destabilize the already vulnerable PRTF service delivery system.
3. Direct SRS to support and implement the recommendations of the PRTF task force outlined previously in this document and documented in more detail in the "PRTF Guidance Paper dated October 21, 2011."
4. Direct SRS to begin/continue formally tracking data about what is happening to the children being diverted from PRTF's as well as what is happening to the children when they are being discharged. This data should be reported at least quarterly to the PRTF Stakeholder Group. Data to be collected should include:
    a. Child's Custody Status (Parent, SRS, JJA).

b. How quickly the first mental health service was offered after diversion.
c. Exactly what services each child diverted is receiving in the community: both in quantity and duration. (This can be used for fiscal forecasting).
d. The adherence to the immediate provision of service standard for children being discharged from a PRTF as outlined in the "PRTF Guidance Paper dated October 21, 2011."
e. Where each child being discharged from a PRTF is going, and also follow that child through all subsequent placements for 6 months. (IE. Home, YRC, Detention, Hospital)
f. Exactly what services each child discharged is receiving in the community both in quantity and duration. (This can be used for fiscal forecasting)
g. Data related to the failure to adhere to any standards outlined in the Guidance Document or set by SRS, and what is being done to remedy those failures.

5. Direct SRS to "fast track" and make a priority the implementation of a standardized intake form which could be used at any CMHC in Kansas. (This has been an on-going project off and on for many years and would help children and families' access community based services more effectively).
6. Include language stating that the committee believes that access/screening for all mental health residential care should be completed by one entity regardless of how many managed care contracts may be offered in Medicaid reform. Furthermore, all decisions for admission to residential services should be based on medical necessity, using the current screening tool and methodology, and not influenced by budgetary decisions.
7. Include language stating that the mental health system has already suffered multiple cuts, including $9.8 million from a rate reduction in FY 10, a $6.8 million cut in FY 11 and a $17 million cut in FY 12 totaling $33 million in all funds reduction to the mental health system. Furthermore, we ask the committee to urge the 2012 Legislature to ensure the mental health system does not receive a larger proportion of the Medicaid reductions/cuts than does the physical health side of the Medicaid system.
8. SRS should identify any gaps in the behavioral health and mental retardation/developmental disability system to ensure that the needed resources are available to all children and families.

Again, I want to thank the committee for studying this important issue.

Bruce Linhos
Executive Director
Children's Alliance of Kansas