Saint Francis Community Services
Serving Children and Families Since 1945

Joint Meeting of Children and Families and Corrections and Juvenile Justice
Psychiatric Residential Treatment Center Services
February 9th, 2012

Mr. Chairman and Members of the Committee,

We submit these comments as background for the ongoing discussions around the value and status of Psychiatric Residential Treatment Centers.

For over 60 years in Kansas, St. Francis Community Services has been serving at-risk youth and their families. In 2007, St. Francis Level VI and Level V residential programs became Psychiatric Residential Treatment Facilities as part of our menu of services. Saint Francis was one of 5 agencies that partnered with SRS, JJA and KDHE to develop the standards for this modification of our service system for children and families. The intent behind this restructure was to provide treatment based options for children and their families so that youths could access those services without having to be in the custody of the state. SFCS worked closely with the state and since that time has provided services for over 800 youths and their families.

With the rapid drop in referrals to these facilities across the state, SFCS made the decision to close one of the facilities serving these youths in Ellsworth, Kansas that had served Kansas children since 1945. At the time of closure, we had the capacity to serve 34 youth, 26 male adolescents and 8 male pre-adolescents with an average length of stay of 80-90 days. Prior to the establishment of PRTF's none of our referrals were private placements. With the transfer to the PRTF system, families were able to place children directly into care without having to seek custody in order to access services. Fifty percent of all placements became private with the balance coming from the Child in Need of Care System and the Juvenile Justice System. This approach allowed direct placement back home upon discharge thus avoiding foster home, shelter or detention placement. Research supports the fact when children have the option of going directly home, lengths of stays decrease and consequently the cost of care. When children go directly back home, research support that their length of stay decreases. The length of stay for residential services at Saint Francis decreased almost 50% under this model.

Since March of 2011 both our Ellsworth and Salina campus dropped and stayed at approximately half capacity having previously 90% and above. As a result Saint Francis chose to close our Ellsworth site and preserve the Salina campus where we serve adolescent males, females and pre-adolescent males.

In addition to our direct service work, our advocacy work is focused on ensuring the system serving children and families *reflects regional differences, encourages access to critical services, and has the capacity to effectively manage change.* We understand "change" will always be a dynamic in a system that responds to the needs of children and families. In addition to managing our environment to accommodate those changes when

HOUSE CHILDREN AND FAMILIES
DATE: FEBRUARY 9, 2012
ATTACHMENT NO. 7

necessary, we have an obligation to ensure that those changes do not set up unnecessary roadblocks to service access. Consequently, we must focus on the impact service change has on the children we serve.

At the invitation of SRS, SFCS has been an active participant in the PRTF task force looking at the impact the drop in referrals is having for the facilities that have served these youths. More importantly, we must work closely with SRS to ensure that we know this drop in referrals does *not* mean we have created barriers to critical treatment services.

SFCS supports the work of the PRTF Stakeholder's group in this area and the recommendations to this committee regarding ensuring this target population of youths is receiving the services they need. We encourage this Legislative Budget Committee to consider the following as part of their committee recommendations.

- *Acknowledgement that Psychiatric Residential Treatment services are a necessary and vital part of the continuum of mental health services for children;*
- Recommend that the 90% occupancy requirement in the reduced resources package of the FY 2013 SRS budget **not be implemented** and support SRS in their efforts to avoid implementation;
- Charge SRS with continuing to support and implement the recommendations of the PRTF task force;
- *Direct SRS to track the population of children diverted from PRTF's as well as at discharge. This data should be reported to the PRTF Stakeholder group quarterly for the purpose of determining whether children and youths are getting services appropriate to their needs. (Specific data collection guidance as recommended by the PRTF Stakeholder Group and the Children's Alliance and its members should be used)*
- *Direct SRS to implement a standardized intake form that can be used by any Community Mental Health Center in Kansas, making it a top priority to be completed within the first quarter of 2012. (The delay over the last several years in implementation of this standard form has prevented quicker access to community based services and more effective referral.)*
- Recommend that screening for mental health residential care be completed by one entity to ensure consistency and accountability in treatment recommendations. Emphasize that decisions for treatment should be driven by medical necessity, using the current screening tool and methodology thus avoiding treatment decisions made on the basis of budgetary considerations.

In the dialogue and discussion heard in this session today it is important that you not losse sight of **the most important dimension**. One that can provide guidance in the most difficult of decisions if we remember to ask ourselves "**How is this affecting the children and the families we serve?"**

Your time and attention to this important component of our state's system of care is appreciated.

Respectfully submitted,
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