627 SW Topeka Blvd
Topeka, KS 66606
785.235.5437
childally.org

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Christie Appelhanz, Executive Director, Children's Alliance of Kansas
Before the Legislative Budget Committee

Chairwoman McGinn and Members of the Committee,

Thank you for the invitation to provide testimony to the Legislative Budget Committee on access to Psychiatric Residential Treatment Facilities (PRTF). PRTFs provide mental health treatment to children and youth who, due to mental illness, substance abuse, or severe emotional disturbance, are in need of treatment and all other resources available in the community have been identified and determined to not meet the treatment needs of the youth. The Children's Alliance represents 18 private, nonprofit member agencies that coordinate child welfare activities across Kansas to promote the safety and well-being of Kansas children. Six of the eight PRTF facilities in Kansas are currently part of the Children's Alliance.

Background

One of the challenges is the mental health system for foster children experiencing severe behavioral health issues involves many agencies: DCF as the agency responsible for foster care; Saint Francis Ministries and KVC as contractors providing child welfare case management services; private Child Placing Agencies and residential providers that provides homes for foster youth; KDHE as the agency responsible for implementation of KanCare; the Medicaid private managed care organizations (MCOs); KDADS as the agency overseeing behavioral health care services; local Community Mental Health Centers (CMHCs); private acute hospitals; and private PRTFs.

Because of the medical / treatment nature of PRTF programs, PRTF stays are a covered Medicaid service. When authorized, federal Medicaid dollars are accessed to cover the cost of the PRTF. The costs of PRTF placements are approximately $500 per night per youth. When authorized by MCOs, Medicaid covers the full cost.

PRTF Capacity

There are currently eight PRTF facilities in Kansas, with a total bed capacity of 282. In 2011 there were seventeen PRTF facilities with a capacity of 780. Each PRTF has a waiting list. Every day in Kansas there are youth who have been approved for treatment who cannot access the lifesaving treatment they need.

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	2013	2017
Average length of stay	120	45
Initial number of days authorized	90	14
Renewal number of days authorized	60	7
Percent of children discharged from PRTF to family-like setting	80%	20%

Solutions

Rebuild capacity of the state's PRTFs by modernizing financing -- To rebuild the capacity of treatment facilities, the state should provide incentives to expand the current number of beds. Under the current system, PRTFs must foot the bill for capital expenses for one year before being reimbursed for expansion of facilities that must meet rigorous safety standards. Many are financially unable to do so, and others are reluctant because of the lack of a long-term commitment from the state to the PRTF model. For providers to consider meeting the needs, the state must invest in upfront capital expenses.

Reduce reentries to PRTFs by authorizing adequate treatment -- Waits for admission to a PRTF can take months while stays are shorter than ever. When PRTF stays were longer (see above), stabilization and treatment were more effective -- resulting in more youth able to be successfully reunited with families and stay there. We can start by ensuring that average PRTF stays increase sufficiently to improve outcomes for children in need of care. Based on the experience of our members, that would be at least 60 days and preferably 120 days.

Prevent youth from escalating to the point of needing a PRTF -- Kansas currently spends 3% of its state and local child welfare dollars on prevention compared to the national average of 17%. By allocating resources to implement the new federal Family First Prevention Services Act, the Legislature can accelerate Kansas' child abuse and neglect prevention efforts with federal matching funds. Investing $25 million in state funds to expand home visiting, substance use treatment and mental health services would bring our state to the national average -- and would reduce the need for more costly treatment such as PRTFs.

None of the things we urge you to do are easy, and none of them are free. But all of them are appropriate, and absolutely every single one is necessary. SRS/KDADS took the positive step of establishing a PRTF task force in 2011. We are still waiting for many of those recommendations to be implemented. We have since had other reports, such as the Children's Continuum of Care Task Force, which was established by KDADS and provided recommendations in 2017. No matter what the report, prevention, expanding the continuum of care, adequate length of stays, and a reliable commitment from the state always emerge of themes to improve outcomes for youth.

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Kansas PRTF Licensed Beds

DATE	Total Number of KS PRTF Licensed Beds
2007/08	804
March 1, 2011	780
November, 2011	621
September 2013	450
July 2015	357
May 2016	304 licensed beds
January 2017	304 licensed beds – 65 dedicated to IDD only
August 2017	272 licensed beds – 65 dedicated to IDD only
July 2018	282 licensed beds- 65 dedicated to IDD only