

Testimony to the Special Committee on Foster Care Oversight
October 21, 2020

Chairwoman Concannon and members of the Committee, my name is Wendy Lockwood, and I am the Program Development Director at the Center for Counseling and Consultation in Great Bend, KS. The Center is a community mental health center serving Barton, Pawnee, Rice, and Stafford counties in central Kansas. We provide behavioral health treatment and crisis services to area residents as part of the mental health center system.

I appreciate the opportunity to provide testimony regarding services to youth who experience serious emotional disturbance (SED). In 1997, Kansas initiated the Home and Community Based Services Serious Emotional Disturbance (HCBS SED) Waiver. This Medicaid Waiver program was developed to serve youth who are either hospitalized at a state institution or were at risk of state hospitalization. Kansas was the third state in the nation to obtain this type of waiver and the first to implement it statewide. The ability to provide intensive community-based services statewide demonstrates the dedication, expertise, and continuity of the community mental health center system. Families who move from one area of the state to another can continue treatment for their child without interruption by transferring the waiver from one CMHC to another.

The HCBS SED Waiver program has been enormously successful at providing intensive treatment to youth ages 4 to 22 with the goal of maintaining that individual safely at home and in the community. The HCBS SED Waiver provides the same array of medical and behavioral health services as general Medicaid with an additional six services designed to provide the most intensive treatment available in the community. These six services include wraparound facilitation, parent support, independent living skills, attendant care, respite care, and professional resource family care. The foundational premise for the waiver is to treat the child in the context of his or her home and community. Behavioral health needs are addressed from a holistic perspective and include informal services and supports. It is through the development of informal resources that children and families can continue to access support long after the traditional Medicaid services have concluded.

At this time, I would like to highlight respite care services. Caring for a child with serious emotional disturbance can be, at times, a bit overwhelming for parents. It is not uncommon for children to have few personal connections due to their illness and severity of symptoms. As a result, natural resources that typically provide parents with a break such as going to visit grandparents or attending birthday parties, etc., become quite limited or non-existent. Without those breaks, tension/exhaustion can build within the family thereby increasing frustration and risk of escalating behavior or crisis. Respite is a service that provides that break for children and families so they have the ability to continue to work on their treatment goals and remain at home. Respite is

often requested as an overnight or a 48-hour length of stay. However, the safety and security regulations require that overnight care is provided in a KDHE licensed location, such as a licensed foster home. As you know, the demand for foster homes is high, and securing a bed for this type of care is quite difficult. The CMHC system has been forward thinking and adaptive in providing this type of care. Some CMHCs have opened respite programs to include licensed beds while many others offer short term respite in smaller blocks of time such as 3-4 hours. This gives families a few hours to rest and/or attend to other family needs while the child is in a safe and supportive environment. Respite has also been used as a means to help de-escalate crisis situations. The concept of having a safe place to calm down and take a break from a potentially escalating situation has been viewed as effective in multiple settings. Similar programs are available in other settings such as calming rooms, time out rooms, and cooling spaces.

The HCBS SED Waiver services have proven to be quite effective in treating youth diagnosed with serious emotional disturbance. The CMHC system has experienced a great amount of success in offering intensive services in lieu of psychiatric hospitalization as well as psychiatric residential treatment (PRTF). It is our belief that more children could benefit from these services, however, they are not referred for assessment or connected to community-based services. Generally, these children are receiving services from private providers who may be unaware of the SED Waiver or choose not to make a referral for eligibility assessment. As CMHCs, we provide crisis services as well as follow up for patients discharged from inpatient psychiatric hospitalization. This work allows us the opportunity to reach some of the youth not previously referred. In our experience, youth are better served when they are engaged in these effective services sooner in the course of their illness and avoid the crisis/hospitalization path to treatment. For children in foster care, continued and enhanced collaboration is necessary to effectively treat this vulnerable population. Early identification and referral for treatment allows CMHCs the opportunity to engage youth in a comprehensive array of treatment, which may include HCBS SED Waiver services.

Thank you for the opportunity to provide testimony on this very important topic impacting youth in Kansas.

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