

Testimony related to Psychiatric Residential Treatment Facility

**Presented to Senate Ways and Means Committee Meeting
By: Gary Henault Children's Community and Inpatient Program Manager
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Chairman McGinn and Members of the Committee:

My name is Gary Henault. I am the Children's Community and Inpatient Program Manager for the Kansas Department for Aging and Disability Services (KDADS). Thank you for providing me the opportunity to discuss this pressing behavioral health issue. I have worked in the behavioral health field since 1977, when I started at Topeka State Hospital. During my career I held positions at the Menninger Clinic, Memorial Hospital and Stormont-Vail Reginal Medical center. In 2000 I moved to the Community Mental Health setting with Family Service and Guidance Center for 17 years. The last 9 years I was with Family Service and Guidance Center, I worked as part of the Crisis team as a Case Manager (CM), Targeted Case Manager (TCM) and Psychiatric Residential Treatment Facility (PRTF) Liaison. I began working for KDADS in August of 2017 as the Children's Program Manager. I have officially held my current position since November 2018. Since starting in this position PRTFs have been at the center of my work as a member of the Behavioral Health Services Commission.

PRTF's provide out-of-home residential psychiatric treatment to children and adolescents whose mental health needs cannot be effectively and safely met in a community setting. These programs are intended to provide active treatment in a structured therapeutic environment for children and youth with significant functional impairments resulting from an identified mental health diagnosis, substance use diagnosis, sexual abuse disorders, and/or mental health diagnosis with co-occurring disorder (i.e., substance related disorders, intellectual/developmental disabilities, head injury, sexual disorders, or other disabilities which may require stabilization of mental health issues).

The residential treatment facility is expected to work actively with the family and other agencies to offer strengths-based, culturally competent, trauma-informed, medically appropriate treatment designed to meet the individual needs of the residents.

Children authorized for PRTF admission must be assessed by a licensed mental health practitioner (LMHP) or physician independent of the treating facility, using an assessment consistent with state law, regulation, and policy. Using this assessment, a community-based services team (CBST), which complies with the requirement of 42 C.F.R. Sec. 441.153, must certify in writing their determination of the medical necessity of this level of care in accordance with the criteria and requirements outlined in 42 C.F.R. Sec. 441.152. Also, the need for this level of care must be shown by meeting all the following circumstances:

- A substantial risk of harm to self or others, or a child or youth who is so unable to care for his or her own physical health and safety as to create a danger to his or her life.
- The services can reasonably be expected to improve the beneficiary's condition or prevent further regression so that the services will no longer be needed.

- All other ambulatory care resources available in the community have been identified, and if not accessed, it was determined not to meet the immediate treatment needs of the child or youth.
- Proper treatment of the beneficiary's psychiatric condition requires services on an inpatient basis under the direction of a physician.

We currently have 282 licensed beds in 8 PRTFs in the state (See attached List). As of January 11, 2019, we have a census of 255 children admitted and 150 children on the current waitlist. Every Monday, all three Managed Care Organizations (MCO) are to submit their wait list numbers (see graph attached). Beginning 1/21/19 the MCOs will begin to submit weekly to new Wait list that has been developed in cooperation with the MCO's.

We have worked to identify, outline, and describe the current process and practices used by the Community Mental Health Centers (CMHC), PRTFs, and MCOs. We worked to build open communication between all parties to outline and identify barriers and inconsistencies within the current process.

During collaboration between KDADS, MCOs, PRTFs and CMHCs, we were able to identify several key areas. First, we reviewed the entire PRTF process and identified the need for an accurate and consistent waitlist. That will provide the data needed to evaluate the current situation, needs, barriers, and areas of focus. It was agreed that the waitlist needs to be consistent across all data sources, user friendly, and able to produce essential reports. Second, we identified inconsistencies in the preauthorization process and the need to document the current process as being used by the MCOs and CMHCs. This will allow for analysis of the current process to ensure that it meets all required regulations set forth by the State and Federal agencies. We also have identified the need for a uniform process related to the reauthorization of children on the PRTF waitlist. We need to clearly identify the criteria used to reauthorize eligibility and assess the interventions being used to support and treat the child and family during this time.

KDADS believes that all children and families need to be supported and allowed to thrive in the home or the least restrictive environment. Children and families need to be able to access treatment without additional barriers being placed in their way. KDADS also feels that early intervention allows for better outcomes and lessens the overall negative impact on the child and family system. This allows for a reduction in trauma experiences and decreased overall Adverse Childhood Experiences (ACEs) scores for the child. Early intervention decreases the need for higher levels of behavioral health care during the lifespan of the individual. Families being actively involved in the treatment process and the continued supportive services are essential to the success and development of sustainable positive outcomes for the child and family.

We have worked to develop a clear and useful PRTF waitlist. This will allow for the collection of essential data required to identify the current needs, barriers, and inconsistencies with in the current system. The waitlist will be able to provide data that tracks the authorization process, the referral process, the services being provided to children, use of waiver services, admission and discharge planning, Days on the waitlist, length of stay, and readmission rates. This waitlist is completed and will be submitted weekly by each MCO starting 1/21/19.

We have worked to define the current authorization process being used by the MCOs, CMHCs, and providers. This will allow for further review of the current process. We will be able to assure that the process meets all state and federal regulations. We have completed the documentation of the current process and will begin to review this process for compliance with the regulations.

KDADS is working with the National Research Institute (NRI) on a project to conduct a data and trend analysis on the PRTF bed utilization and waiting list, a thorough review of policies and procedures related to the admission/placement process, and review Medicaid contracts and reports with the MCO to

identify barriers and opportunities. A final report will be submitted outlining the process, data reviews, interviews conducted, policies analyzed, barriers, and opportunities identified. This will be provided in a written report including any supporting graphs or spreadsheets. A summary of the findings will be included with recommendations to improve the current process. NRI is close to completing the data collection and interview phase of this project and will begin to compile the data collected and present the findings. (Please see) NRI/Kansas PRTF Project, Preliminary Recommendations as of 1/22/19 included below.

We recognize the need and will work to develop a consistent preauthorization and reauthorization process that insures the child and family receive the appropriate treatment in the least restrictive environment and allows for the preservation of the family. This process needs to include a collaborative effort that involves the child, family, providers, and MCOs, and ensure that the less restrictive interventions have been exhausted before the consideration for inpatient care. This process will also encourage the use of added services to reduce need and support the family during this challenging time. We are currently working with all MCOs to develop and address these concerns

The involvement of families and outpatient providers in a comprehensive discharge planning process is essential to the success of the plan. This process allows for an appropriate transition from the PRTF to the home, foster home, or other placement, and reconnection with outpatient supports and providers. This process must begin upon admission and involve all parties during the entire length of stay. It is imperative the child remain connected to supportive adults during this admission.

We recognize the need for greater interagency communication and collaboration between all state agencies. This will allow for targeted interventions supporting the children and families we serve. Building a robust interagency team would streamline the development of policy and the development of a more effective plan to address the service delivery issues we currently face.

We believe that supporting the biological and foster families throughout the entire process from preauthorization to aftercare is key to the success of the children of Kansas. Early intervention and support is consistent with decreased negative outcomes. Decreased barriers to treatment including meeting child and families where they are, meeting transportation needs, and the availability of services and providers is essential to improving the lives of Kansans statewide. Children and families will continue to remain on the forefront for KDADS.

Thank you for your time and allowing me to address the committee.

NRI/ Kansas PRTF Preliminary Recommendations- these recommendations are preliminary and may be modified as data analysis continues.

1. Using Data to support PRTF service approaches and the measure the effectiveness of these services (e.g. learn which programs/ Services are working and which ones need adjusting).
2. Strengthen Community mental health services to assure immediate access at the time of discharge from a PRTF
3. Strengthen Training for PRTFs and community health providers in family and youth engagement and participation.
4. Strengthen the connection between providers by maximizing the wraparound approach.
5. Maintain and strengthen the relationship between KDADS and DCF to ensure that the requirement of the Family First Preservation Services Act are being followed.

LIST OF CURRENT PRTFs

PRTF	Number of licensed Beds	Location
Florence Crittenton	10	Topeka, Ks
Kids TLC	61	Oltha, Ks
KVC Prairie Ridge	36	Kansas City, Ks
KVC Wheatland	12	Hays, Ks
Lakemary Center	65	Paola, ks
Pathways	41	Topeka, Ks
Prairie View	15	Newton, Ks
St. Francis	42	Salina, Ks

MCO MONDAY WAIT LIST NUMBERS
Starting 10/8/18 to 12/31/18

Date	Amerigroup	Sunflower	United	total
10/8/18	53	29	45	127
10/15/18	56	34	44	134
10/22/18	58	32	38	128
10/29/18	58	31	36	125
11/5/18	61	34	40	135
11/12/18	64	42	41	147
11/19/18	59	44	37	140
11/26/18	63	45	37	145
12/3/18	60	44	42	146
12/10/18	65	43	46	154
12/17/18	64	46	46	156
12/24/18	70	50	41	161
12/31/18	63	53	39	155

