Saint Francis Community Services®
Serving Children and Families Since 1945

Access to Psychiatric Residential Treatment Services by Foster Youth

Cheryl Rathbun, LSCSW, Chief Clinical Officer, Saint Francis Community Services

At the meeting of the Kansas Child Welfare Task Force on September 19, 2017, questions were asked related to access to Psychiatric Residential Treatment Facilities (PRTF) by children in foster care. SFCS provides the following information:

Background on requested PRTF information:

The mental health system for foster children experiencing severe behavioral health challenges involves many agencies: **DCF** as the agency responsible for foster care; **SFCS 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 three 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.**[1]

PRTF programs 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 if not accessed, have been determined to not meet the immediate treatment needs of the youth**.** PRTF programs were designed to offer a **short term, intense, focused mental health treatment to promote a successful return of the youth to the community. The PRTF works actively with the family, other agencies, and the community to offer strengths-based, culturally competent, and medically appropriate treatment designed to meet the individual needs of the youth.** The purpose of such comprehensive services is to **improve the child's condition or prevent further regression so that the services will no longer be needed.**

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 range from approximately $500 - $700 per night per youth. Medicaid covers the full cost.[2]

There are currently eight PRTF facilities in Kansas, with a total bed capacity of 272. In 2011 there were seventeen PRTF facilities.

---

[1] These are agencies and providers most directly involved in the interplay between child welfare and child mental health. Of course, law enforcement, corrections, public health, education, and other critical services make up part of the larger system of care.

[2] Where required for immediate child or public safety where even extraordinary options have been exhausted, SFCS pays privately (without Medicaid funds) for children awaiting authorization, found to not meet medical necessity, diverted, or discharged without a stable placement.

DATE	Total Number of Kansas PRTF Licensed Beds
March 2011	780
November 2011	621
September 2013	450
July 2015	357
May 2016	304
January 2017	304 – 65 dedicated to IDD only
August 2017	272 – 65 dedicated to IDD only

Summary of PRTF access and length of stay over time:

	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%**
Percent of foster children authorized for PRTF	**5.9%**	**5.1%**

Who decides to request authorization for PRTF?

SFCS has a Clinical Care Utilization Unit that is supervised by a Licensed Clinical Marriage and Family Therapist. In each region there is a Clinical Care Supervisor who is a Licensed Mental Health Provider who works directly with a foster child's Case Manager to make the initial determination if SFCS will seek authorization for PRTF.

Within the SFCS system, due to the complex administrative procedures and standards of PRTF authorization, and the importance of clinical oversight of any request for residential treatment, **only the Clinical Care Supervisor may request an authorization for a foster child for PRTF**. SFCS understands and agrees that the "least restrictive environment" is best practice for foster children.

What is the process for requesting authorization for PRTF?

Within the SFCS system, the Clinical Care Supervisor has access to information on children and youth that are struggling behaviorally.

- daily placement list
- nightly on-call logs
- mental health on-call logs
- team staffings regarding stability
- critical incident reports
- acute hospitalizations

Together, the Clinical Care Supervisor and Case Manager review current services, available services in community, and treatment options for the child. Once a decision is made to seek PRTF, the case worker completes screening information including:

- current situation
- mental health background
- therapist, location, duration of treatment and whether they support PRTF treatment
- diagnosis
- timeline of events over the past 90 days
- interventions utilized to counteract and/or support behaviors

This information is submitted to make a request an authorization from the child's MCO.

The MCO will use a paper review or a face-to-face evaluation with the CMHC. Once all the information is gathered by the MCO, **the MCO makes the decision of whether medical necessity is met.** If medical necessity is met, the decision is made to either divert from PRTF or authorize PRTF. If diversion is chosen, the MCO makes recommendations to SFCS and the CMHC regarding services to utilize in the community.[3]

The authorization request, information gathering, and determination process may take two weeks to one month from the start of the SFCS process to the final decision from the MCO.

If there is disagreement between SFCS and the MCO regarding whether a foster child meets medical necessity or is diverted, there is a process with each MCO for appealing the decision. SFCS notifies the MCO and requests a review of the decision.

How many screens are requested versus screens denied?

SFCS has tracked data related to PRTF screens requested, authorized, and appealed since 2013 for the Wichita and West Regions. [The current contract began in July of 2013.]

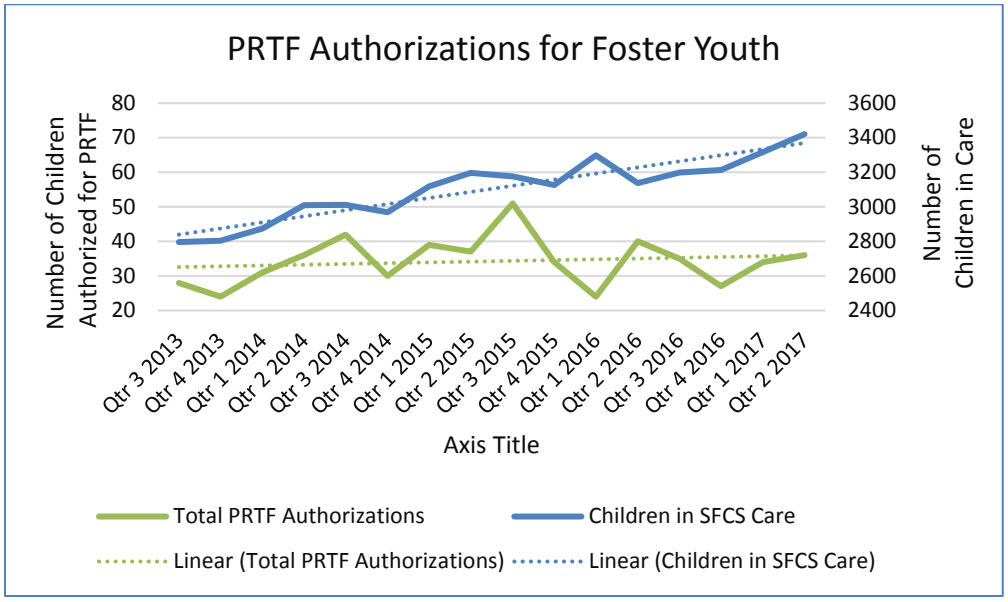
- In July 2013, screening responsibility was with the **local CMHCs**.
- In October 2015, screening responsibility was with **the MCOs.**
- In July 2017, screening responsibility stayed with **the MCOs with CMHC involvement.**

SFCS has averaged 48 authorization requests per quarter since July 2013. **The percent of screens authorized over time has remained relatively constant** at around 76%, ranging between 89% in the third quarter of 2014, to 59% in the first quarter of 2016.

The average total number of screens requested has not increased despite increasing numbers of children in foster care. Screens are not requested where criteria expressed and precedent experienced indicate PRTF will not be authorized.

The percent of foster youth authorized for PRTF for any length of stay was 5.9% in 2013 and is 5.1% today.

[3] For a child who is found to meet medical necessity for PRTF, but for which diversion is chosen, placement options are limited. These children may move from placement before recommended services can be delivered. Where placement is available, recommended services may not be available.



Has the length of stay authorized changed over time?

In July 2013, the average length of stay at a PRTF was 120 days. Initial authorizations were for 90 days, with renewals every 60 days. **Eighty percent of SFCS youth authorized for PRTF discharged to a family like setting.** Most youth authorized for PRTF did not need to re-authorize for subsequent PRTF treatment.

Over time, the average length of stay has declined to between 30 to 60 days. **Eighty percent of SFCS youth authorized for PRTF discharge to congregate care.** Many youth authorized for shorter stays in PRTF are discharged and later rescreened because of challenges functioning in community placements.

What are PRTF access waitlists for foster youth?

SFCS requests a foster child be added to the wait list for appropriate PRTF's at the same time we request a PRTF screening. If the child is authorized**, the wait is currently two weeks. Some children wait up to two months depending on the child's needs and demographics.** There are fewer numbers of beds for females and pre-adolescents. Some PRTFs do not accept children due to the severity of their behavior problem**s. Girls, younger children, and the most severely-in-need children may wait the longest for treatment.**

How do PRTFs prioritize admission?

PRTFs prioritize admission differently. Some admit youth based on first-on-the-list, first-to-get-admitted. Other PRTFs prioritize based on need or severity of problem, and others based how well a particular youth will fit in the treatment approach.

For further questions related to access of foster youth to PRTF services, please contact Cheryl Rathbun, Chief Clinical Officer, at cherylr@st-francis.org.