

Testimony on Juvenile Crisis Services
Joint Committee on Corrections and Juvenile Justice Oversight
November 28, 2022

Dear Chairperson Baumgardner and Committee Members,

The Department for Aging and Disability Services as well as the Department for Children and Families are appreciative of the opportunity to provide an update regarding 2018 House Substitute for SB 179 which created law describing a Juvenile Crisis Intervention Center (JCIC) as a facility that provides short term observation, assessment, treatment, and case planning, and referral for any juvenile who is experiencing a mental health crisis and is likely to cause harm to self or others. This testimony outlines the status of recent efforts the agencies have made to provide supports to families in order to meet the crisis assessment and treatment needs of youth. While no JCIC facility is in operation, resources for families and youth serve as alternatives to a facility based JCIC approach.

K.S.A 65-563 effective 7/1/2018 required DCF to begin a JCIC 1/1/2019 to provide access to a broad range of services to meet the needs of a juvenile. To date, no JCIC physical facility is in operation. However, community-based alternatives to meet a continuum of crisis care needs for children are established and approaches are emerging that do not require a child to leave their home in order to receive supports during an emotional crisis.

- In January 2021, DCF awarded a contract to Beacon Health Options for crisis intervention triage, mobile response and stabilization and referral services for all children and adults through age 20.
 - Families or youth can contact a centralized crisis care line 24/7 to request a crisis assessment and support.
 - Families are provided resources and skills to resolve issues and are connected to service providers for ongoing issues preventing parents from reaching a point of exhaustion from worry.
 - When needed or indicated, mobile response to a family by the Community Mental Health Center reduces crisis use of hospital emergency departments and law enforcement response.
- Over the past 2 years, bed capacity has increased for short term acute or psychiatric residential resources and efforts have shifted to preventing the need for youth to leave home in order to receive supports. We know there are operating capacity challenges with some workforce gaps; however, bed capacity has been increased.
- Implementation of community respite centers, homes or similar program to provide temporary short-term relief to families experiencing an emotional crisis are being explored and existing regulation or licensing guidance for program implementation could be utilized.

DCF and KDADS recommend efforts shift to provide crisis assessment and broad service array in a child or young person's home and community when possible. Given the unsuccessful award of a center and evolving needs of caregivers, exploring alternatives to a facility-based center set forth in K.S.A 65-536 has value to achieve the spirit of the law - provide access to a broad range of services to meet the needs of a child. Since JCIC was introduced, service array and access to behavioral health services has evolved with promising practices. To the extent in-home crisis assessment and supports are implemented, technical remedy for K.S.A 65-536 is needed to reflect the adjusted approach that yield the broad service array. To aid in reference and discussion, a timeline, side by side comparison of JCIC and alternatives and an illustration of the Kansas crisis response model follow in this document.

Sincerely,

Laura Howard, Secretary
Department for Children and Families and
Kansas Department for Aging and Disability Services

JCIC Timeline

| | |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2018 | <ul style="list-style-type: none">• July: K.S.A 65-536 effective.• October: Dept. of Admin Released JCIC RFP for DCF with reponses due Nov. (1st RFP)• November: One (1) bidder: Johnson County for NE KS counties.• December: JCIC draft regulations from Dept of Admin and Budget to Attorney General.• December: Award notice form DCF to JO CO. |
| 2019 | <ul style="list-style-type: none">• January: Required JCIC start date.• April: JO CO rescinds bid, no award made.• Apr-May: DCF, KDADS, KDHE, KDOC-JS meet monthly to identify next steps given withdrawl of only bidder.• April: DCF and AG representatives meet to review proposed Regulations.• August: Dept. of Admin Released JCIC RFP for KDADS with reponses due Oct. (2nd RFP)• September: DCF returned revised regulations to DofA and Budget.• October: One (1) bidder: Family Service & Guidance Center to serve 120 youth in 11 NEK counties. Technical and financial proposal review begin. |
| 2020 | <ul style="list-style-type: none">• Jan-Feb: JCIC RFP review teams meet and negotiations begin.• March: Negotiations yield requirements for JCIC not feasible for bidder to implement. KDADS contact Dept of Admin to close the RFP with no award.• June: Dept. of Admin Released Crisis and Mobile Reponse RFP for DCF with reponses due July.• September: DCF, KDADS and KDOC-JS meet to identify next steps to meet crisis care continuum needs, discuss emerging alternatives to present to Secretaries Howard and Zmuda.• DCF resubmitting 3-4 regulations not approved by AG office. |
| 2021 | <ul style="list-style-type: none">• January: Kansas Family Crisis Response and Support contract award for 10/1/21 launch of crisis triage, mobile repsonse and stabilization services (est. 10,000 crisis calls & 4,000 mobile response annually)• Contract lays groundwork for '988' National Suicide Hotline implementation in 2022.• 2 DCF placement stability grants for in home Behavior Interventionist awarded in KC and Topeka .• Family Service and Guidance Center Crisis Recovery Program for the stabilization of youth started with contract for short term stabilization 24 hours to 28 days. Exploring similar program in SW KS.• Alternatives such as respite, cooling beds or in home interventions explored for implementation and purchase of service.• Fall: DCF initiated calls to Missouri to learn about implementation of Treatment Foster Homes and Professional Child Specific foster homes programs by MO DSS and DMH state agencies. |

Side-by-Side Comparison:

| Attribute | K.S.A. 65-536 JCIC | 2022 Community Based Crisis Continuum of Care Proposal |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Population Served | Any juvenile experiencing a mental health crisis and is likely to cause harm to themselves or others. | <p>Statewide Crisis helpline any child or youth in the community up through age 20 who are experiencing a behavioral or psychiatric emergency including substance use disorder.</p> <p>Crisis Recovery Program with Family Service and Guidance Center (FSGC) is youth age 5-17.</p> |
| Determination of Need | <p>A law enforcement officer may take a child into custody when the officer reasonably believes the child is experiencing a mental health crisis and is likely to cause harm to self or others.</p> <p>The Head of the center determines need for treatment and a qualified professional from a community mental health center has given written authorization for the juvenile to be admitted; and, no other more-appropriate treatment or services are available and accessible at the time of admission.</p> | <p>The caregiver of the child, youth or eligible adults or the young person themselves defines the emotional of behavioral crisis and directly contacts the Kansas Family Crisis Response and Support centralized behavioral health helpline 833-441-2240 awarded to Beacon Health Options and launched 10/1/21.</p> <p>Information triaged in that crisis call impacts mobile crisis deployment by a CMHC to the location of the child or young adult and next set of immediate and stabilization services.</p> <p>Calls, Chats, or Texts to the 988 Suicide and Crisis Lifeline in Kansas can be referred to the Kansas Family Crisis Response and Support program if age appropriate.</p> |
| Method | Facility Based | Home and Community/School Based |
| Program Scope | <p>[stabilizes youth after arrival to a site facility]</p> <ul style="list-style-type: none"> • Short-term observation • Assessment • Treatment • Case planning • Referral • CMHC involved in discharge planning | <p>[stabilizes a child in the child’s own home and community at any time.]</p> <ul style="list-style-type: none"> • Crisis triage via call center • CMHC deploys mobile response to location of child including school, home, etc. based on the level of response need within 1 hour, 24 or 72 hours. • Connect services in first 72 hours. • If inpatient treatment is needed, coordinate with Managed Care Organization for screening. |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> • Up to 8 weeks of stabilization services -warm hand off referrals to CMHC and providers. • Build capacity alternatives: cool beds, respite and in-home supports to caregivers. • For children in foster care, build a level of care array to include treatment home supports for foster and relative and professional child specific foster homes. • New program for youth with FSGC Crisis Recovery Services provides stabilization and respite resources for 24 hours to 28 days and partnerships in SW KS being explored (KDADS contracted program) |
| <p>Duration</p> | <p>No more than 30 days</p> | <p>Crisis triage and initial services to child or adult within 72 hours with mobile response within 1 hour of need when needed. Stabilization and warm referral to appropriate level of care continues for up to 8 weeks. Inpatient and ongoing community-based care duration is determined by the person-centered treatment planning process.</p> <p>Crisis Recovery Services use a model of 24 hours – 28 days.</p> |
| <p>Funding Resource:</p> <p>Both use federal and state funds.</p> <p>Several crisis (code) service costs covered by/ billed through Kansas Medicaid.</p> | <p>KSA 65-536 (h) The secretary of corrections may enter into memorandums of agreement with other cabinet agencies to provide funding, not to exceed \$2,000,000 annually, from the evidence-based programs account of the state general fund or other available appropriations for juvenile crisis intervention services.</p> <p>KDOC-JS in SFY 2018-21 had \$2M as a line item in the budget as a recommendation from the Juvenile Justice Oversight Committee to use evidenced base funds to support base funding of a JCIC.</p> | <p>DCF’s federal Family First Transition Act Grant allocation supported some costs in SFY21 needed for the centralized behavioral health hotline and mobile response. The DCF annual budget is \$3M for this program.</p> <p>DCF placement stability innovation grant awards for Behavior Interventionist services using federal adoption and legal guardianship incentive funds to Cornerstones of Care is \$100,000 and to Foster Adopt Connect is \$237,000.</p> <p>Costs of stabilization supports such as cool beds, respite or in-home supports explored for best source and KDADS has begun using Lottery Vending Machine Funds to establish children’s crisis programs with Family Service Guidance</p> |

| | | |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Center in Topeka, Compass Behavioral Health in Garden City, and Central Kansas Mental Health Center in Salina. KDADS is also exploring crisis service options in additional Kansas communities. |
| Objectives/ Outcomes | <p>Address or ensure access to the broad range of services to meet the needs of a juvenile admitted to the center, including, but not limited to, medical, psychiatric, psychological, social and educational services.</p> <p>Short-term facility treatment resource for families and law enforcement and prevent an escalation behavior that might result in detention.</p> <p>Prevent the need for further inpatient psychiatric treatment.</p> <p>Prevent need for state custody and foster care.</p> | <p>Increase access to a continuum of crisis care in all counties.</p> <p>Support families, law enforcement resources and schools by responding to the location of child.</p> <p><u>Measures:</u></p> <p>Prevent removal from a child’s home into an institutional or reduce recurring need for institutional care.</p> <p>Prevent the need for contact with Juvenile Intake and Assessment Services.</p> <p>Prevent separating families through foster care</p> |
| Feasibility | <p>Site facility construction, environmental features and policies and procedures for staff operation and monitoring prove challenging for the bidders to implement, thus no award. The requirements also complicate bringing the program to scale statewide.</p> | <p>Crisis triage, mobile response and coordination of stability services occur where the child is located without the resource constraints presented by a facility.</p> <p>Alternative to institutional placement in the way of stability services are nimble and can be developed across communities with CMHCs and community-based resources</p> <p>Existing guidance and regulations for licensing around respite care or other programs could support alternatives.</p> <p>Implementation of the Kansas Family Crisis Response and Support centralized crisis hotline, mobile response, stabilization services include measures supporting some reporting requirements of K.S.A. 65-536.</p> |