

# **BRIEF CHILD WELFARE UPDATE**

Child Welfare Oversight and Advisory Committee  
October 12, 2022

Michelle M. Sanborn, President  
Children's Alliance

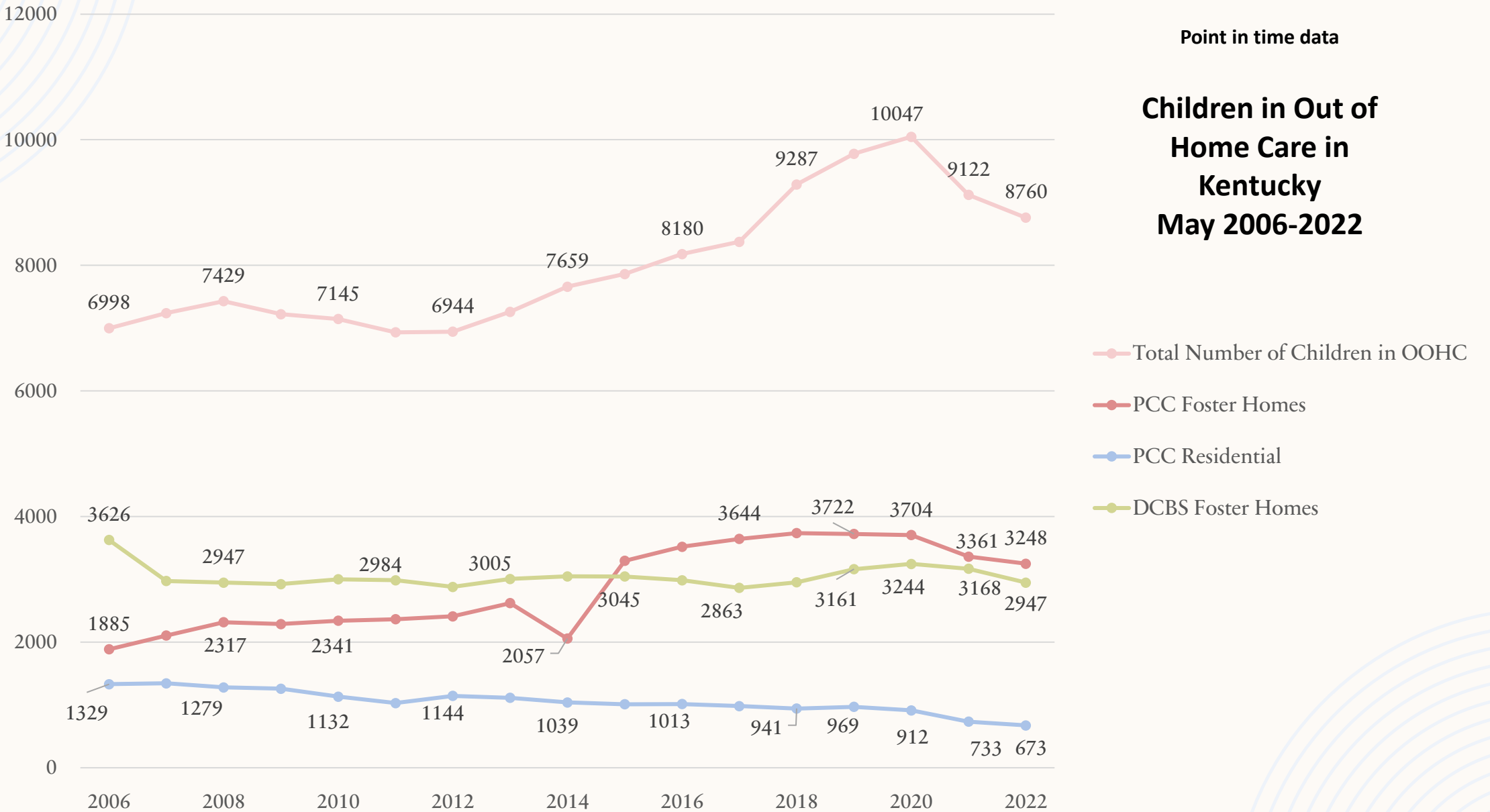


# Reflection of the Data and Trends in Kentucky

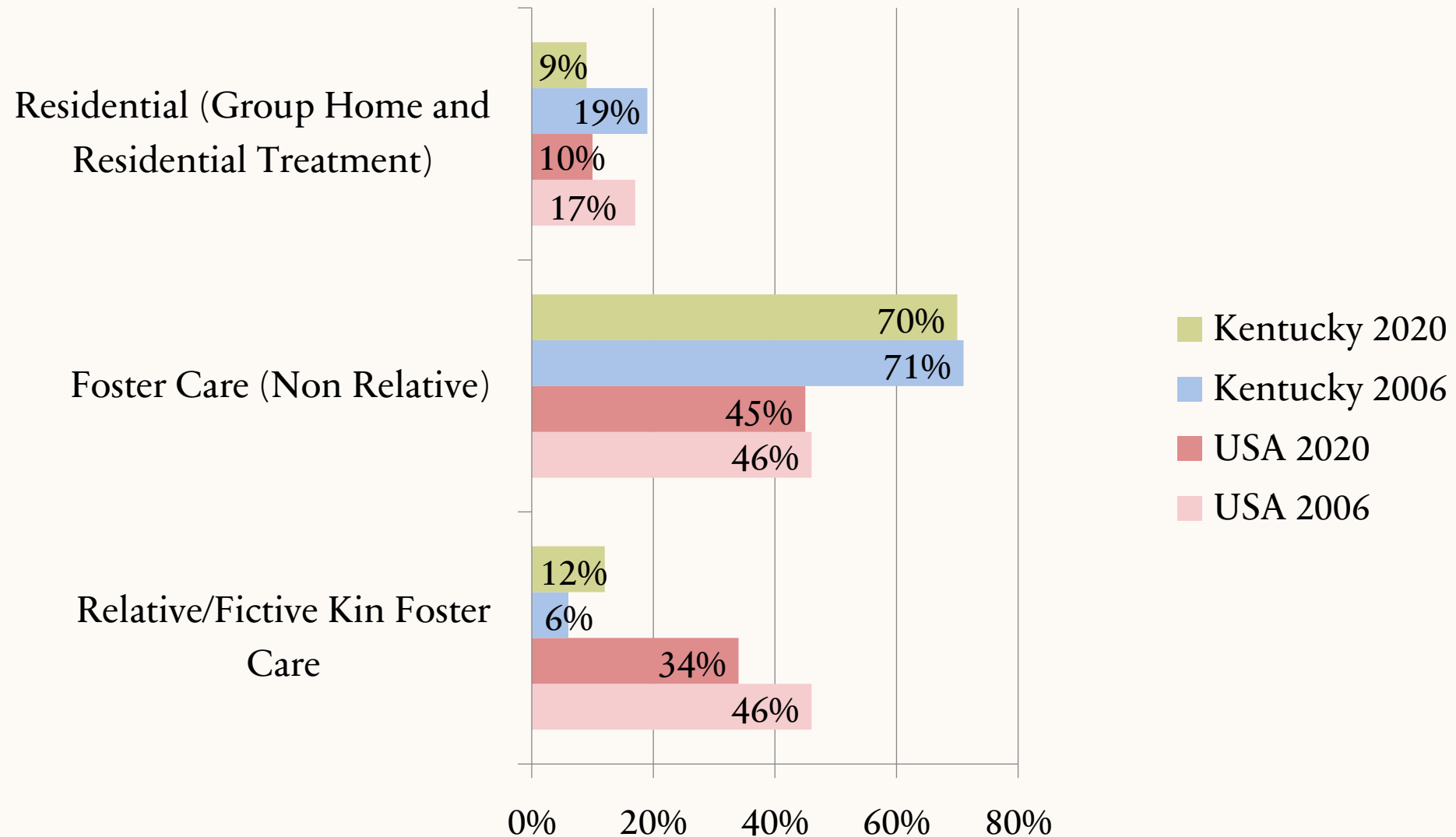


Point in time data

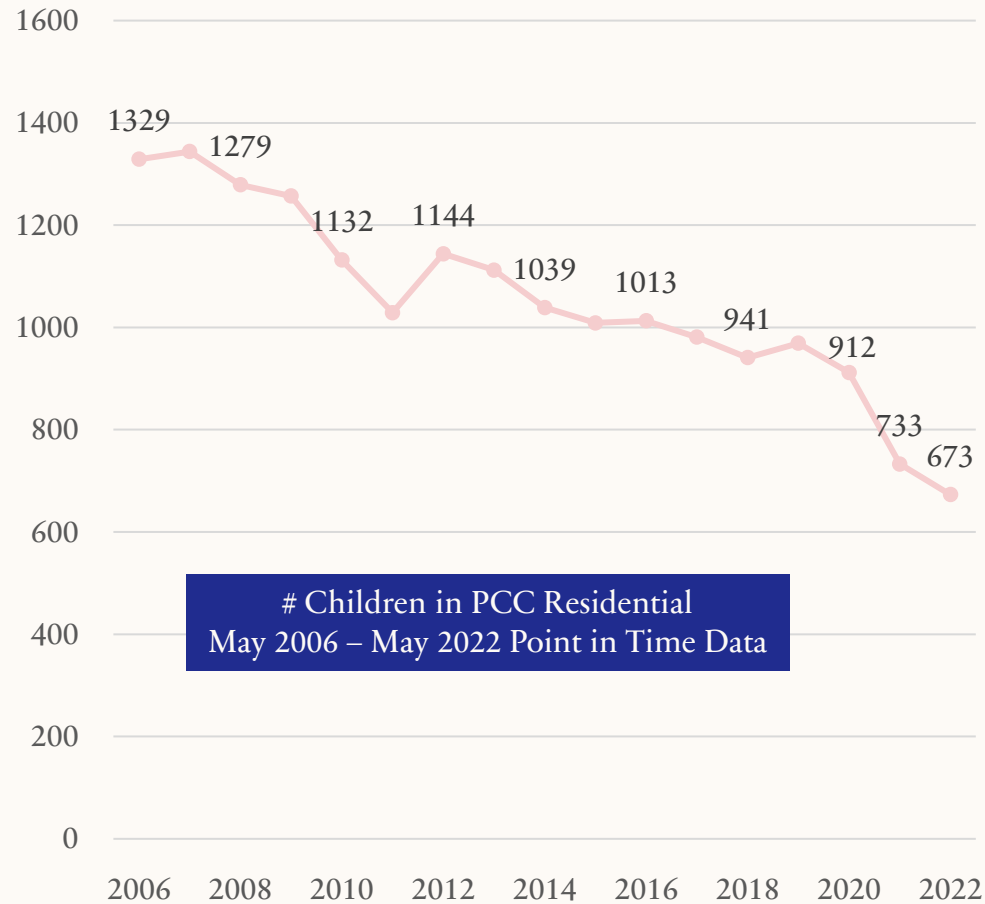
## Children in Out of Home Care in Kentucky May 2006-2022



## Percent of Children In Out of Home Care (OOHC) by Placement Type



# SIGNIFICANT REDUCTION IN RESIDENTIAL CARE IN KENTUCKY

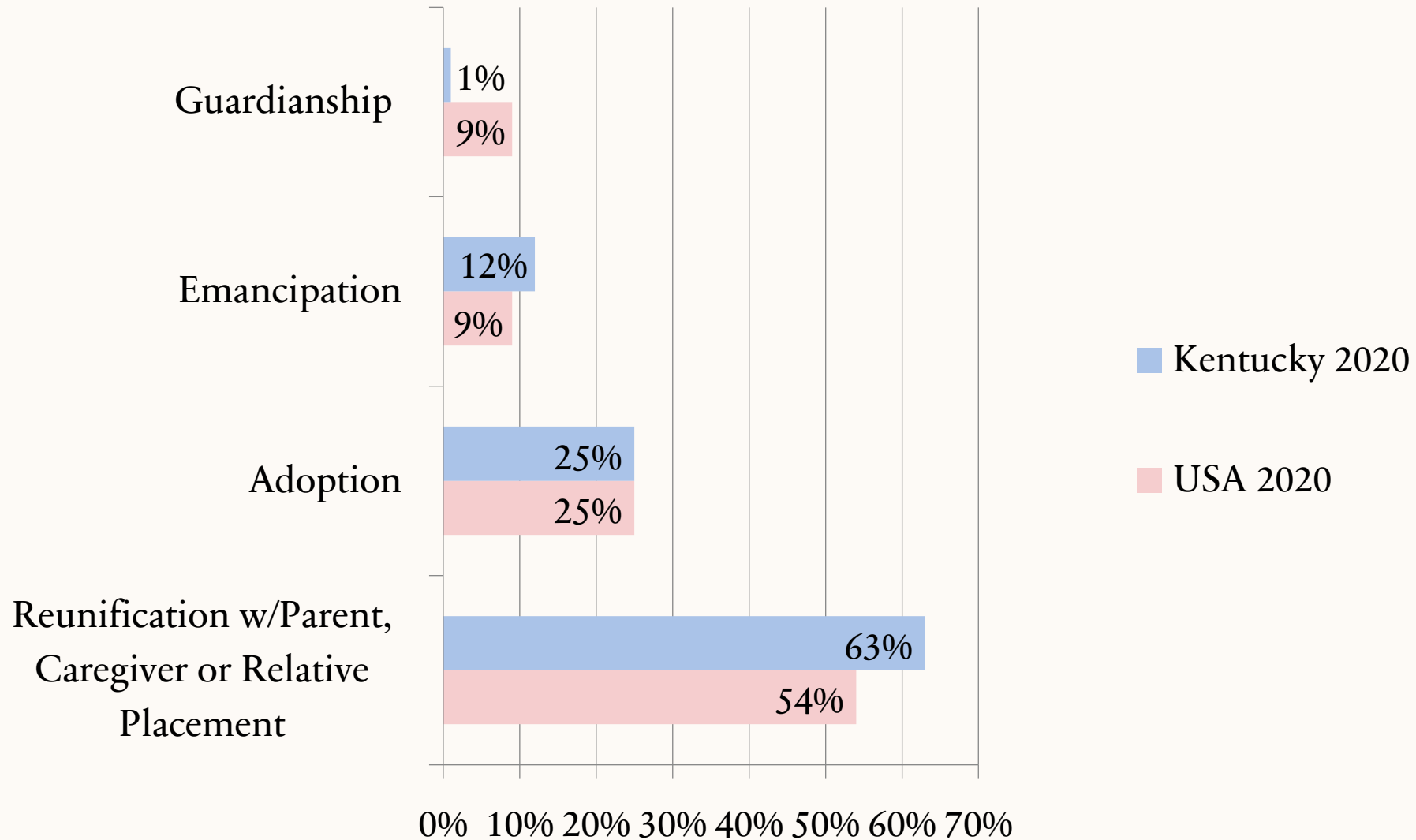


**May 2006** – 19% of the children in OOHC were placed in residential

**TODAY** – 7% of the children in OOHC are placed in residential



# Reasons for Exiting Foster Care in 2020

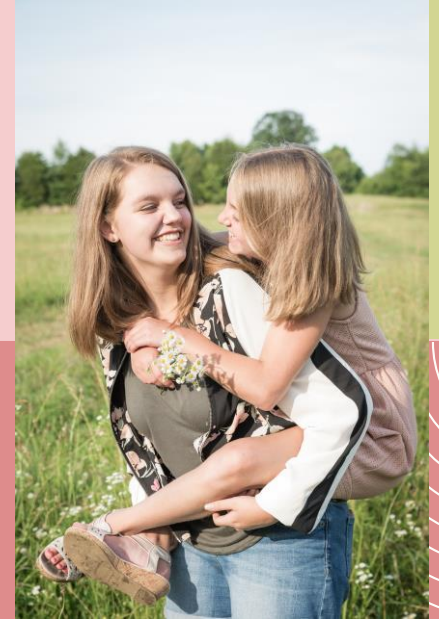


# FEDERAL: FAMILY FIRST PREVENTION AND SERVICES ACT

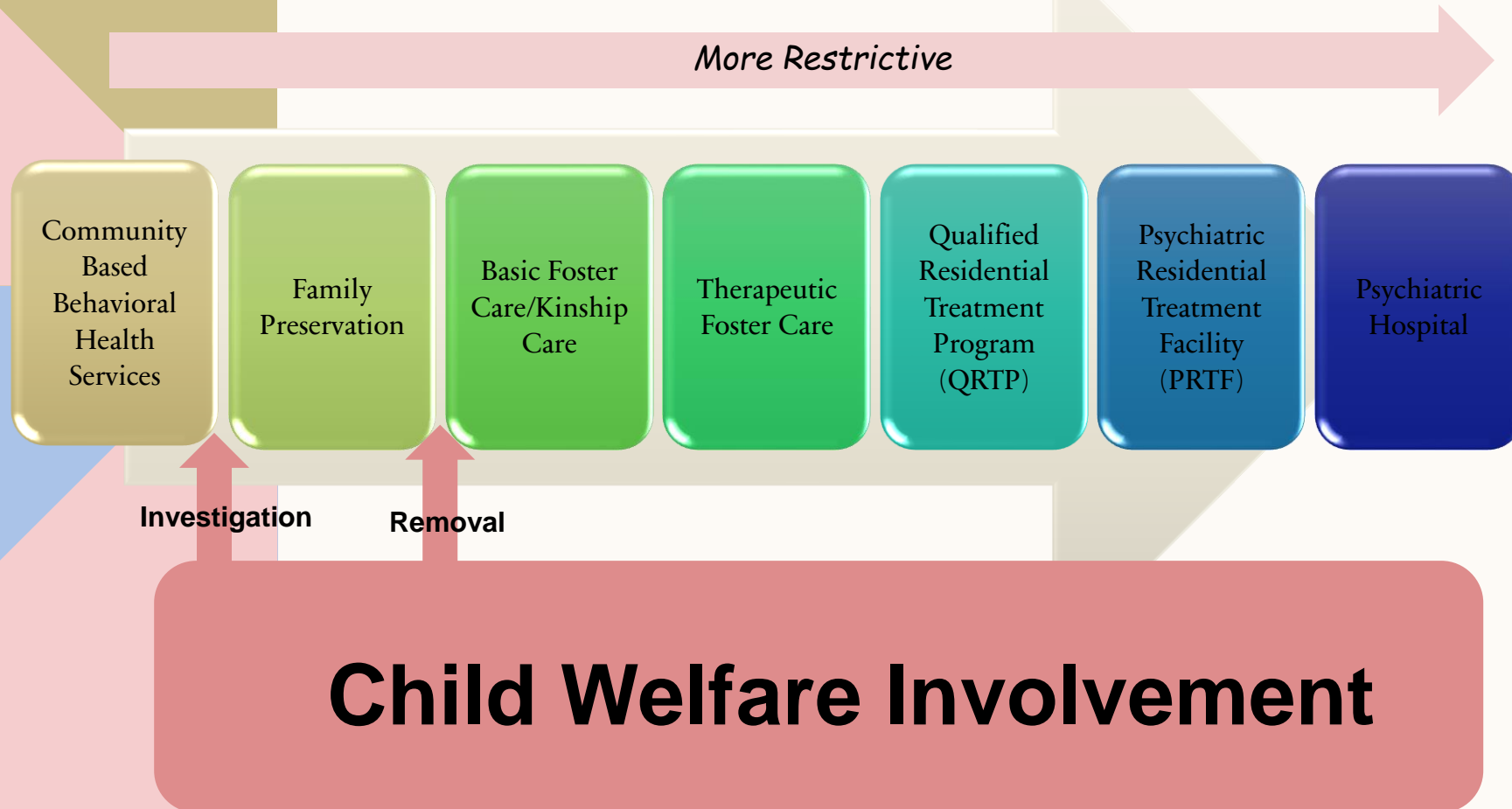
In 2018, the Family First Prevention Services Act (FFPSA), was enacted as part of Public Law (P.L.) 115—123. It authorized new optional title IV-E funding for time-limited prevention services for mental health, substance abuse, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. Mandated implementation date was October 2021.

Kentucky was one of the first states to submit and implement Family First Act services/programs back in October 2019.

As of today, Kentucky is one of 30 states with an approved Title IV-E Prevention Plan and has fully implemented Qualified Residential Treatment Programs (QRTPs).



# CHILD WELFARE CONTINUUM







# **AVERAGE COST PER CHILD FOR AVERAGE MONTHS IN FOSTER CARE**

**\$58,212/child**

**Average # months in care = 25**

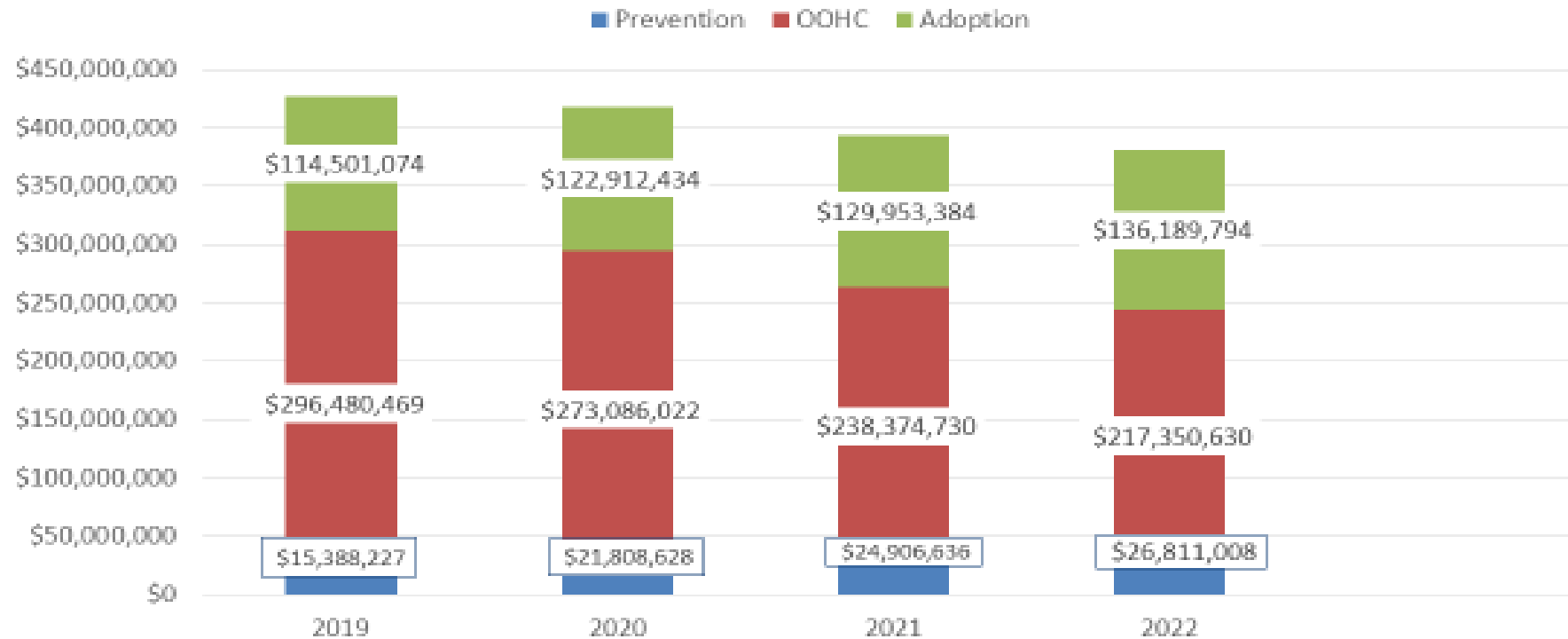
# Prevention, Out of Home Care (OOHC), and Adoption Expenditures



Prevention expenditures increased by \$11.4M

Out of Home Care expenditures decreased by \$79.1M

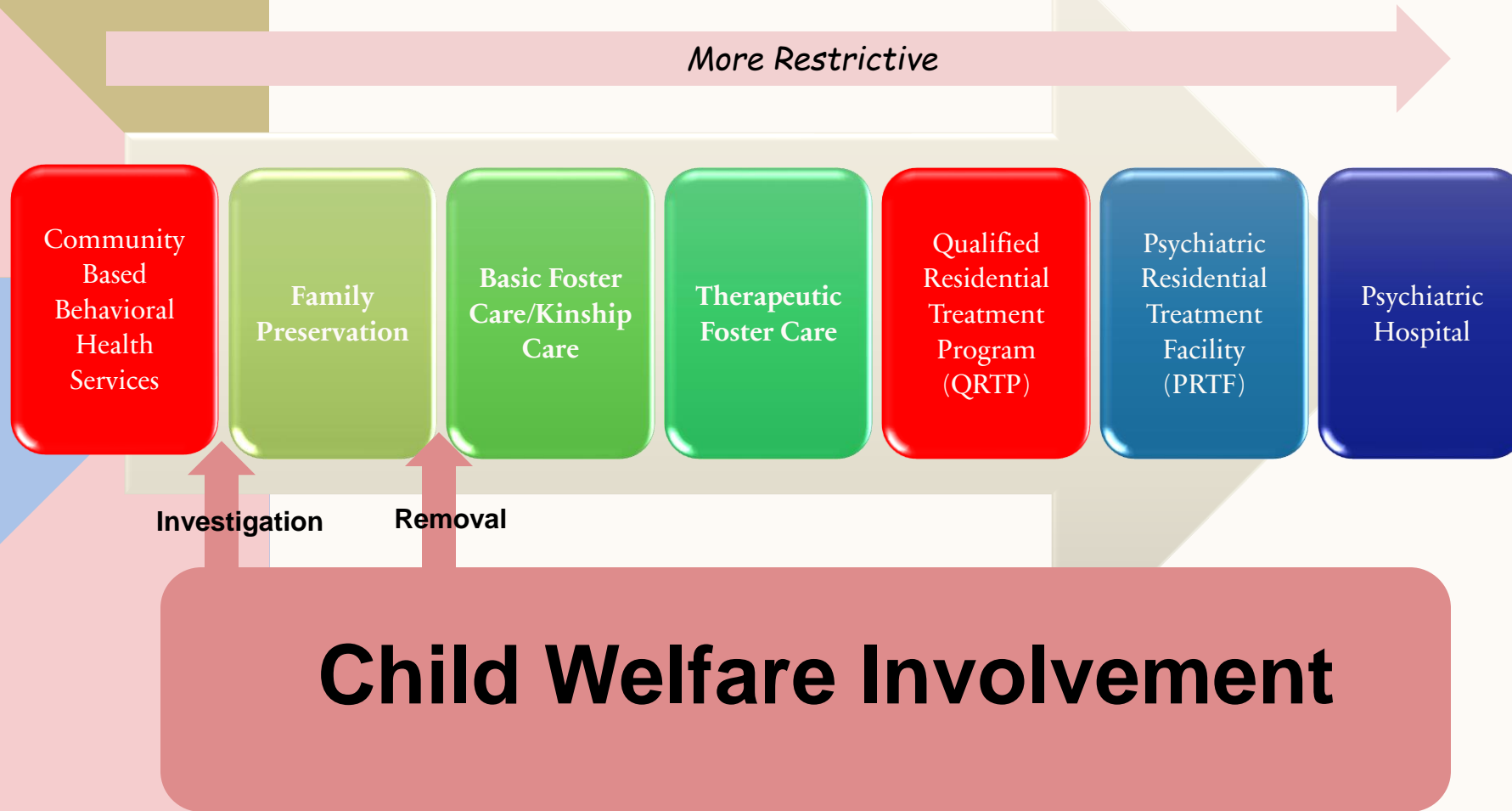
SFY Expenditures 2019, 2020, 2021, and 2022



# Areas of Concern and How Legislators Can Help



# CHILD WELFARE CONTINUUM (AREAS OF CONCERN)



# INTENSITY OF BEHAVIORS HAVE INCREASED

ONLY THOSE WHO HAVE THE MOST SEVERE TREATMENT NEEDS ARE BEING SERVED IN RESIDENTIAL FACILITIES TODAY

RESIDENTIAL AGENCIES ARE REFERRING DCBS FOSTER YOUTH FOR PSYCHIATRIC HOSPITALIZATION AND ARE BEING TOLD THE YOUTH IS TOO SEVERE FOR THE PSYCHIATRIC HOSPITAL

Youth with high acuity needs must be maintained at our residential facilities, even when the hospital indicates they are too severe.

Residential agencies **MUST** have staff and resources necessary to keep these children safe.

# WORKFORCE CRISIS IN RESIDENTIAL CARE

Before the Pandemic, the average starting hourly wage for residential direct care staff was only around \$11.00/hour, with some agencies paying as little as \$8.50/hour. Today, it is only about \$14.00 or \$15.00/hour.

## RESIDENTIAL TURNOVER RATE

Children's Alliance residential members reported average turnover rates at:

2019 - 59%

2020 - 67%

2021 - 81%

Many residential facilities have had to stop accepting additional foster children because they cannot hire the staff to care for them.

# **JOBS AVAILABLE IN LOUISVILLE AREA ON 10/6/22**

## **Host**

J. Alexander's Restaurant

Louisville, KY 40241

\$16 an hour - Full-time + *Medical, Dental, Vision, flexible schedule, 401K match, Tuition Reimbursement, Paid vacation*

## **Greeter/Hostess**

Captain's Quarter's Riverside Grille

Prospect, KY 40059

\$12 - \$18 an hour - Part-time

## **Cashier/Customer Service**

### **Costco Wholesale**

Louisville, KY 40241

\$17.50 - \$28.55 an hour - Full-time, Part-time + *Medical, Dental, Disability, 401K match, discounts*

# WORKFORCE CRISIS IN BEHAVIORAL HEALTH CARE

December 2021, U.S. Surgeon General reported the U.S. was in a youth mental health crisis.

- symptoms of anxiety and depression doubled,
- psychiatric visits to emergency rooms for depression, anxiety, and behavioral challenges increased by 28%, and
- suicide attempts were 51% higher for girls and 4% higher for boys.







# WORKFORCE CRISIS IN BEHAVIORAL HEALTH

Majority of Kentucky’s behavioral health providers have long waiting lists or have stopped accepting referrals (on avg. waiting lists were 11 weeks long) based on a member survey in Dec 2021.

## BEHAVIORAL HEALTH TURNOVER RATE

Children’s Alliance behavioral health members reported average turnover rates at:

- 2019 - 25%
- 2020 - 30%
- 2021 - 40%



## KENTUCKY MEDICAID RATES ARE NOT KEEPING UP WITH COST OF CARE

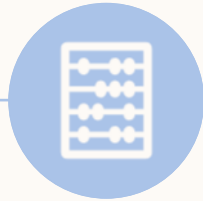
Kentucky	2014	2022
60 min Individual Therapy by a Master's Level Licensed Clinician	\$75.30	\$78.20

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US CPI Calculator indicates:

**\$75.30 in 2014 has the same buying power as \$95.34 in 2022**

# ADMINISTRATIVE SERVICES INCREASED; TREATMENT SERVICES DECREASED



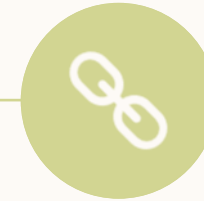
## MORE AUDITS

- A member reported that from FY 18 – 21 the average number of MCO audits was 597. In FY 22 they completed 2182 audits and this FY (July and Sept only) they have already completed 601 audits.
- Agencies are completing four different types of audits from 6 different MCOs throughout the year.



## MORE ADMINISTRATION

- A member reported that they have had to add 4 additional staff for insurance and billing – they have gone from 7 staff to 11 staff since the implementation of Medicaid Managed Care.
- Another member reported more than quadrupling their admin/billing resources from a single payer to the multiple MCOs.



## LESS TREATMENT

- A member reported their program used to have 35 therapists serving children and families in the community and today they only have 10 therapists.
- Another member closed their behavioral health services program because the reimbursement rate did not cover the cost of the treatment and administration.

**70%  
FEDERAL  
MATCH TO  
INVEST IN  
KENTUCKY**

To support a 25% increase in behavioral health rates for Behavioral Health Service Organizations (BHSO) and Behavioral Health Multi-Specialty Groups (BH-MSG)

\$16.5 Million State Investment

\$38.6 Million Federal Drawdown

\$55.1 Million Total Increase for BHSOs and BH-MSGs

# **SUCCESS STORY #1**

He started services with us in 2014 and was referred by the Court Designated Worker due to Beyond School Control and Beyond Parental Control charges. He had extreme behaviors at home and school such as physical aggression, property destruction, and elopement. He had part of his brain removed at age 9 due to severe seizures so he will experience lifelong issues with impulsivity and emotional regulation. DCBS was involved off and on during his adolescence, but he was never removed. More weeks than not over the years, our providers have made extra trips to see him in his home to help deescalate him and keep things under control, preventing removal and hospitalizations. When he was in school, he would get angry and just take off so the therapist would be called and we would track him down. The therapist started walking to and from the high school from his house during sessions so he could at least know and use the safest route when he took off. We've been able to avoid any hospitalizations since starting services with him in 2014 and mother said he was hospitalized many times as a child. She's told me "this is the only thing that has worked for him". RE continues to provide services to Client#1 and are at a point now where he may have an outburst once every several months vs having them at least weekly, sometimes daily, in the past. He would hit, break things, bite, etc. I still make extra trips to see him if he or his mother feel like he is escalating and he's much better at being proactive in managing his anger now. He will reach out to me if things are getting bad. He often comes by the office just to tell us that he is doing well!

# **SUCCESS STORY #2**

He started in our outpatient program as an elementary age child that was restrained up to 5x a day or more while in the school setting. He was seen for therapy twice a week for 2 years. We started day treatment services with him at a local Elementary school working intensely on behavior management as well as learning to cope with transitions and being around peers. He was able to decrease restraints from 5 to 0. He also had Targeted Case Management(TCM) that provided the family with food, Christmas presents and worked to ensure the family had what they needed. Once we were able to stabilize his behaviors, he started with our Community Support Associate (CSA) who helped him overcome challenges in the community. The client's mother also worked with our TCMs and developed enough confidence to apply for a job in Indiana and better her life and her kid's life. So, over the course of treatment we were able to overcome school barriers and help the family overall become more stable in their daily functioning with providing food and other needs. And today, the mother has a steady job, and he is doing well in school!!

# **SUCCESS STORY #3**

He has received services since 2016 and was referred by DCBS due to extreme physical aggression in the home and school, assault charges, anger, and anxiety that led to police involvement. He was then given a diagnosis of Autism and appropriate treatment was able to be implemented. We still do weekly therapy with him even though he is now an adult, usually about 30 minutes for maintenance. He has been seen in the office, home, and telehealth over the years. He received TCM to help address needs and missing resources in the home and currently receives medication management. Through consistent therapy services and ability to respond to crises at the home, we have been able to avoid many situations in which he would likely have police or hospital involvement. He has been able to stay out of inpatient hospitalization because we provide consistent services and respond to crises as they occur to deescalate him. Prior to receiving our services, he was getting hospitalized at least once a year, if not more.



## **WHAT LEGISLATORS CAN DO TO SUSTAIN KENTUCKY'S SUCCESS?**

- Support an increase in resources to residential agencies so they can safely serve our high acuity children needing treatment.
- Support an increase in Medicaid behavioral health care rates to allow children and families access to needed behavioral health treatment and keep children from having to enter foster care.
- Support legislation to reduce the number of Medicaid Managed Care Organizations to three.



# IF WE DON'T SUPPORT OUR CONTINUUM?

"Kids in state custody forced to sleep on floors in state office building"  
Tennessee Lookout, August 2, 2021

"NC child welfare leader says system is 'in crisis' and state could be sued 'at any point'"  
NC Health News, September 28, 2022

"Michigan has nowhere to send vulnerable kids as placement crisis builds"  
Detroit Free Press, October 6, 2022

"Hundreds of Suicidal Teens Sleep in Emergency Rooms. Every Night"  
New York Times, May 9, 2022

# THANK YOU

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President

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