



PRESENTATION TO THE INTERIM JOINT COMMITTEE ON FAMILIES AND CHILDREN

CHILDREN IN STATE CUSTODY
PLACEMENT CHALLENGES AND SOLUTIONS

WEDNESDAY, NOVEMBER 8, 2023

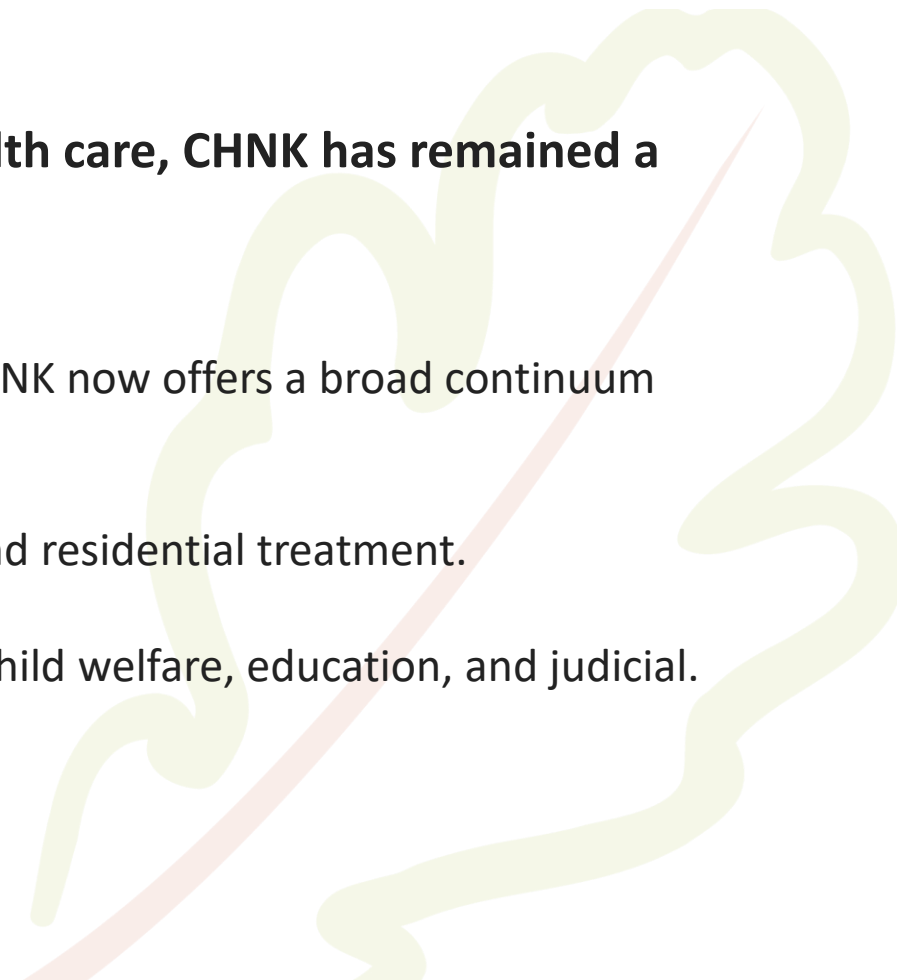


CHNK BEHAVIORAL HEALTH AT-A-GLANCE:

From orphanage to child welfare to behavioral health care, CHNK has remained a vital partner in service to community.

Aligning growth and change with needs of community, CHNK now offers a broad continuum of mental health and substance use services:

- Prevention, early intervention, intensive outpatient, and residential treatment.
- In collaboration with and across systems; healthcare, child welfare, education, and judicial.



POSITIONED FOR NEW
RELEVANCY, LICENSED AS:

AODE

Alcohol and Other
Drug Entity

Private Child-Caring
PCC Residential
Treatment Provider

BHSO

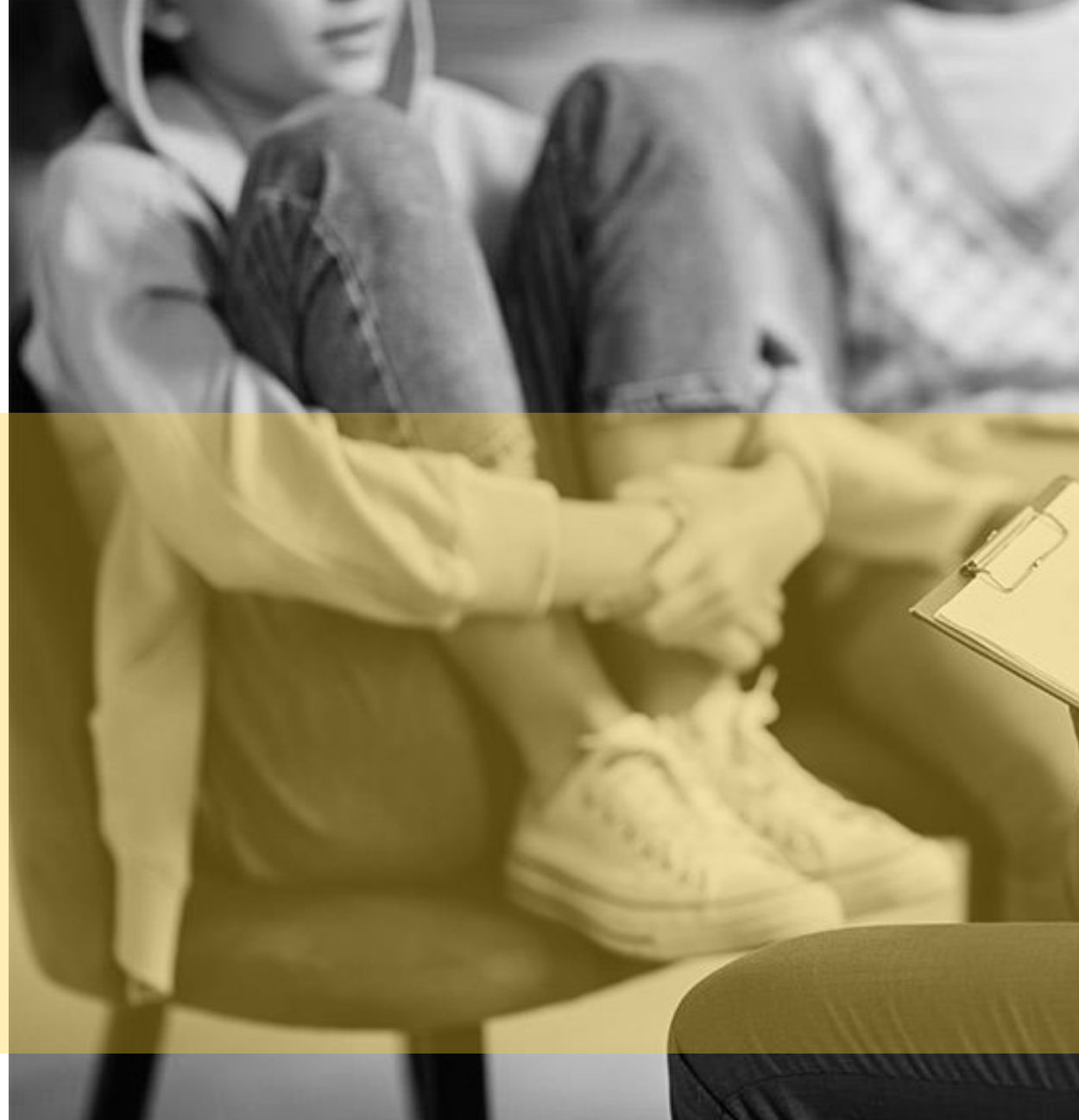
Behavioral
Health Services
Organization

PRTF – LEVEL 1

Psychiatric Residential
Treatment Facility

AS COLLABORATIVE PARTNER TO THE CABINET FOR HEALTH AND FAMILY SERVICES (CHFS), DEPARTMENT FOR COMMUNITY BASED SERVICES (DCBS):

- Earned Qualified Residential Treatment Program (QRTP) designation to align with Federal Family First Prevention Services Act
- Initiated Family Preservation Program (FPP) to serve older adolescents and divert from out-of-home placement
- Joined pilot program to deliver Multisystemic Therapy (MST) to older adolescents with juvenile justice involvement
- Submitted proposal, in response to DCBS request, for increasing availability of residential treatment options for hard-to-place youth



IN SEEKING SOLUTIONS TO MEET HIGHER ACUITY NEEDS OF YOUTH:

●
Opened (March 2018) the only PRTF for adolescent males in the Northern Bluegrass Region. (18 beds)

●
Opened (October 2023) the only PRTF for adolescent females in the Northern Bluegrass Region. (18 beds)

(Program growth required 156% increase in total personnel expenses, including 399% increase in benefits.)

●
Initiated (Summer 2023) Partial Hospitalization Program services for adolescents to divert from residential treatment

●
Expediting a \$38 million capital campaign, ***An Easier Path to Mental Health***, for the purpose of expanding youth mental health services throughout the region



CHILDREN IN STATE CUSTODY

PLACEMENT CHALLENGES:

CHNK collaborates with DCBS to determine most appropriate based on:

- Level of care needs
- Individual treatment needs
- Child and staff safety

CHNK operates PRTF-Level 1 units with specified admissions criteria

Facilities and clinical capacity limit ability to meet level of acuity for hard-to-place youth



CHILDREN IN STATE CUSTODY

PLACEMENT CHALLENGES:

Challenges are not only associated with financial resources. Mitigating risk is often a determining factor.

A responsible provider will deny a referral or submit a discharge notice when a child's safety is at risk.

If not, the child is not going to get needed services, and the provider is left holding all the risk.

For example, in the case of a child exhibiting severe aggression, if the provider attempts to seek more appropriate placement:

Psychiatric hospitals may deny for severity of aggression.

DCBS may not be able to discharge for lack of any other placement.

Law enforcement is a resource of last resort, but sometimes necessary.

CHILDREN IN STATE CUSTODY

PLACEMENT SOLUTIONS:

CHNK is committed to serving youth for whom it is the most appropriate placement.

For youth with higher acuity needs, CHNK would need to:

Renovate existing or build new facilities to include elevated security and risk management features.

Grow the clinical team with expanded competencies to meet specialized treatment needs.

Develop people, processes, and programming around specialized treatment needs.



CHILDREN IN STATE CUSTODY

PLACEMENT SOLUTIONS:

Complex problem requiring sophisticated solutions beyond any one provider's willingness to step up.

Multi-system collaborations to support a child's journey through multiple levels of care:

If a child is demonstrating habitual runaway behaviors, a secured facility must be an available resource.

If a child is expressing or demonstrating suicidal or homicidal ideation, a psychiatric hospital must be an available resource.

If a child is assaulting staff, law enforcement needs to be able to arrest or assist in getting emergency psychiatric hospitalization.

Adequate financial resources to grow, build, and sustain sub-specialty programs.

Continued investment in growth of upstream services.

CHNK Behavioral Health remains committed to working collaboratively in search of solutions to meet the needs of all children.

Together we can create
An Easier Path to Mental Health.



Thank you!



Questions?

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