

# SUSTAINING A HEALTHY CHILDREN'S SERVICES CONTINUUM OF CARE

Interim Joint Families and Children Committee

August 24, 2023

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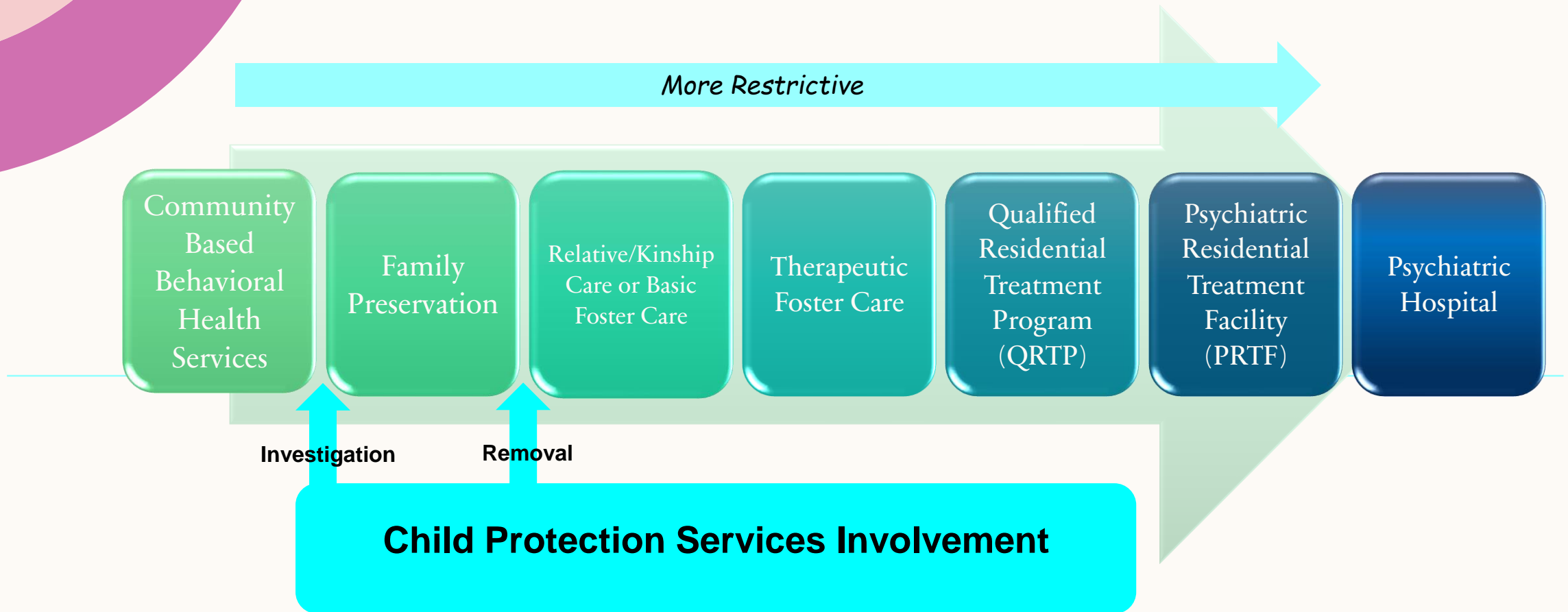
Kentucky's voice for at-risk children and families



**BART BALDWIN CONSULTING**

GOVERNMENT RELATIONS, CONSULTING AND THIRD SECTOR BUSINESS DEVELOPMENT

# HEALTHY CHILDREN'S SERVICES CONTINUUM OF CARE

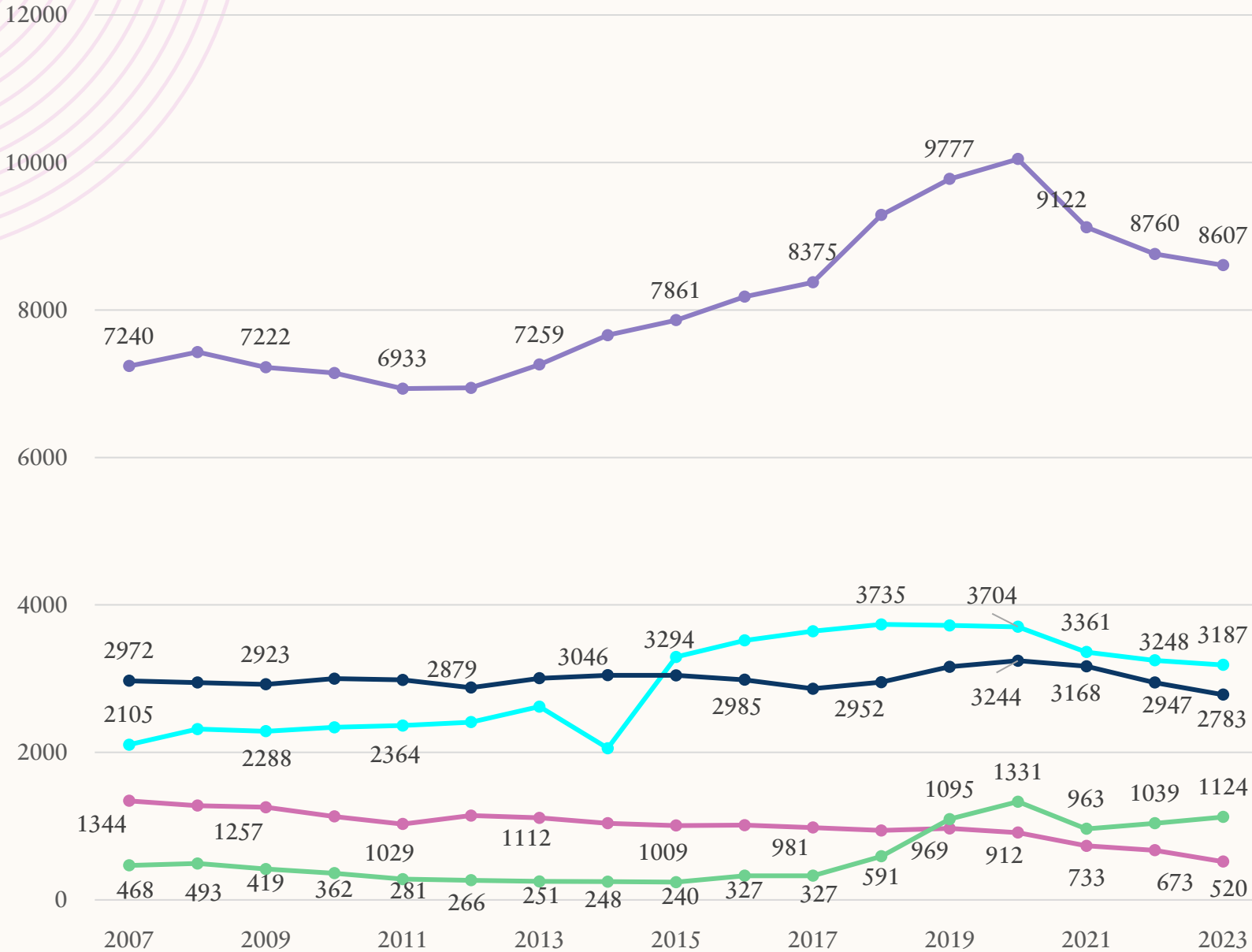


# Data and Trends in Kentucky



Point in time data

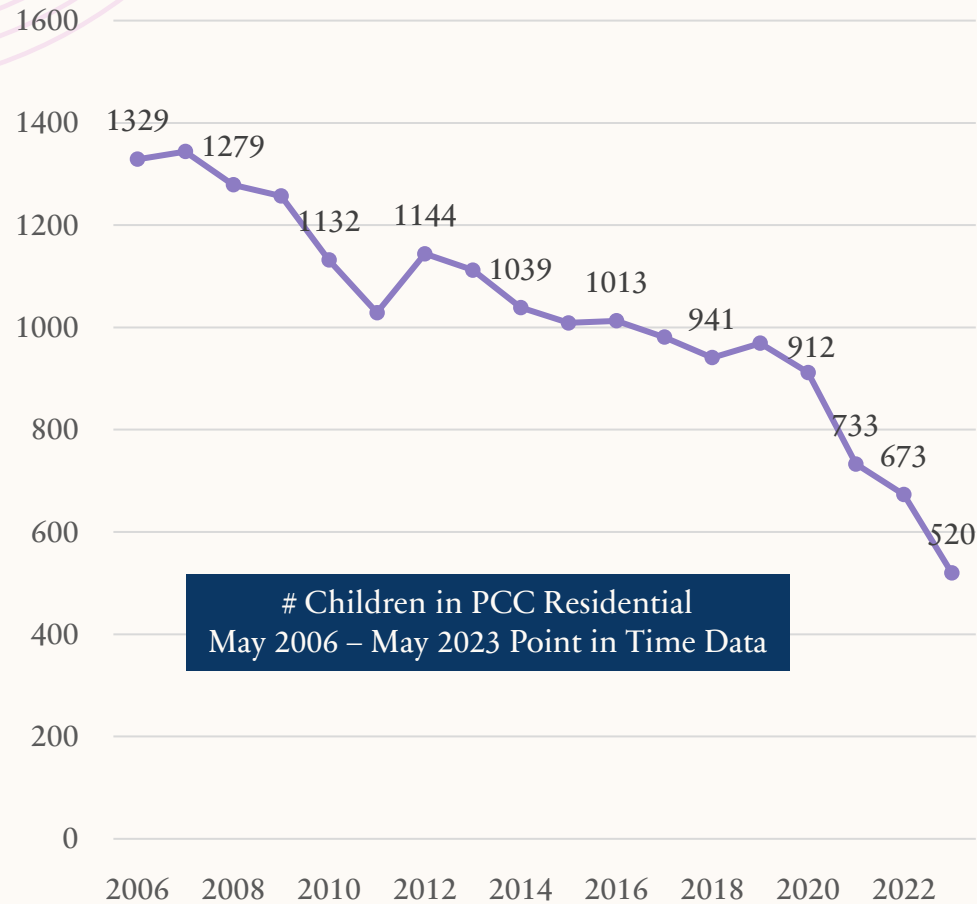
## Children in Out of Home Care in Kentucky May 2007-2023



- Total Number of Children in OOHC
- PCC Foster Homes
- PCC Residential/QRTP
- DCBS Foster Homes
- Relative/Fictive Kin

Source: DCBS Statewide Foster Care monthly FACT sheet <https://chfs.ky.gov/agencies/dcbs/dpp/Pages/fostercarefacts.aspx>

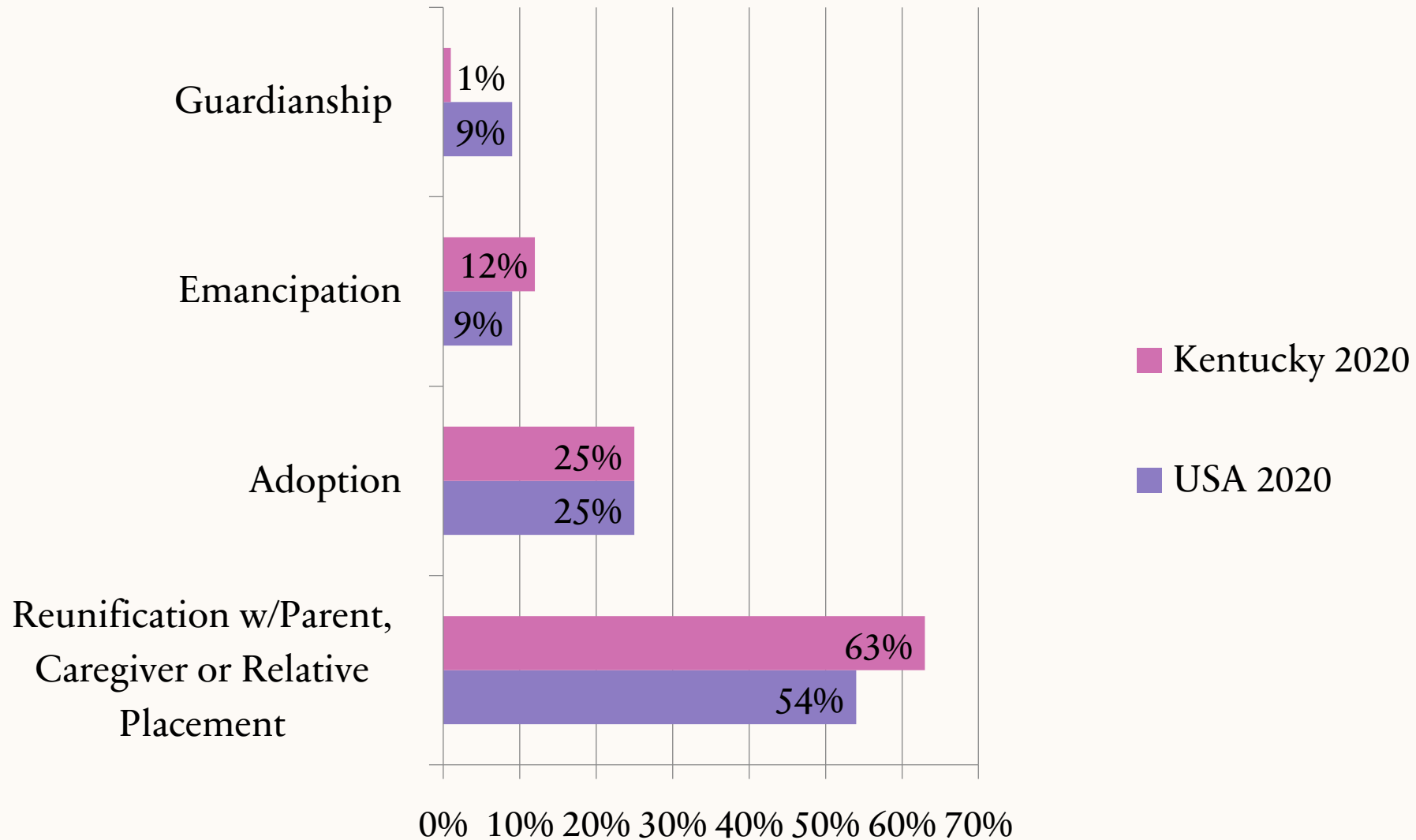
# Significant Reduction in Residential Care in Kentucky



- **May 2006** – 19% of the children in OOHC were placed in residential
- **TODAY** – 6% of the children in OOHC are placed in residential



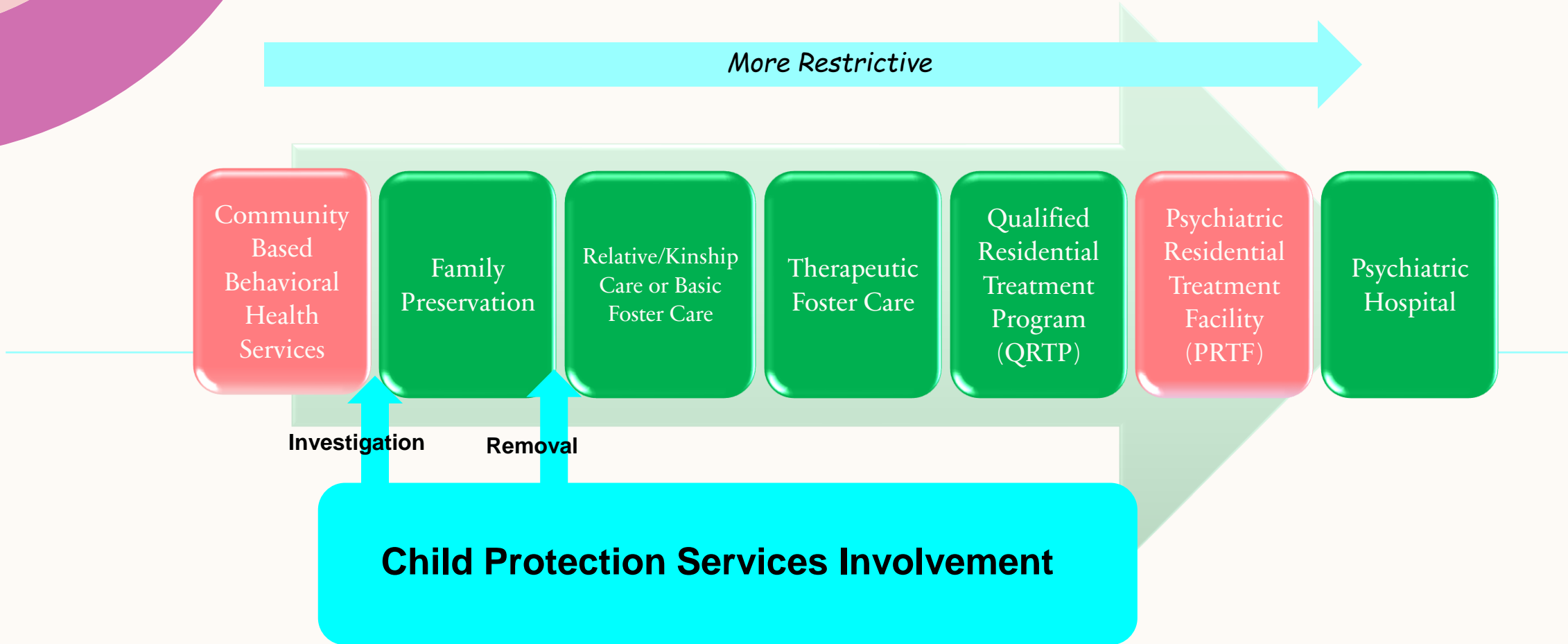
# Reasons for Exiting Foster Care in 2020





# Areas of Success and/or Improvement

# CHILDREN'S SERVICES CONTINUUM OF CARE





# 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 in October 2019.**

# SFY 2021 - LEGISLATURE INVESTED \$20 MILLION IN PREVENTION

- Expanded Family Preservation Program (FPP) services by 25%
- Expanded Kentucky Strengthening Ties and Empowering Parents (K-STEP) services
- Implemented a Multisystemic Therapy (MST) Pilot
- Increased Flex Funds for providers to use to support families and eliminate tangible barriers to service
- Implemented various other collaborations, pilots, services, and partnerships to increase prevention work



# SUPPORTED FOSTER CARE AND RESIDENTIAL (QRTP) SERVICES

**JANUARY 2022**

Emergency rate increase for Qualified Residential Treatment Programs (QRTP)

**JULY 2022**

Per KRS 199.641 implemented reimbursement rates based on 2020 cost report/time study

**MAY 2023**

One-time funds provided to both QRTP and Therapeutic Foster Care (TFC) providers

**MAY 2023**

Emergency rate increase for QRTP and TFC providers based on 2021 cost report/time study

**SEPTEMBER 2023**

Anticipated implementation of 2022 cost report/time study rates

# **CURRENT PARTNERSHIP WITH STATE TO CARE FOR HARD-TO-PLACE CHILDREN**

- Working with 5s programs to serve hard-to-place children in residential
- Enhanced Rates for Individualized Services
- Regular Meetings/Communication
- CHFS/Aetna meet daily to determine best placement
- Intensive Therapeutic Foster Care RFI
- Kentucky Hospital Association working to create intensive/acute units for extremely aggressive youth

# Areas of Concern and How Legislators Can Help



*A story of Erosion and Neglect.....*

# EFFECTIVE PROGRAMS CREATED

1992 - PRTF I

1998 - Impact Plus (intensive in-home services for children and families)

2010 - PRTF II

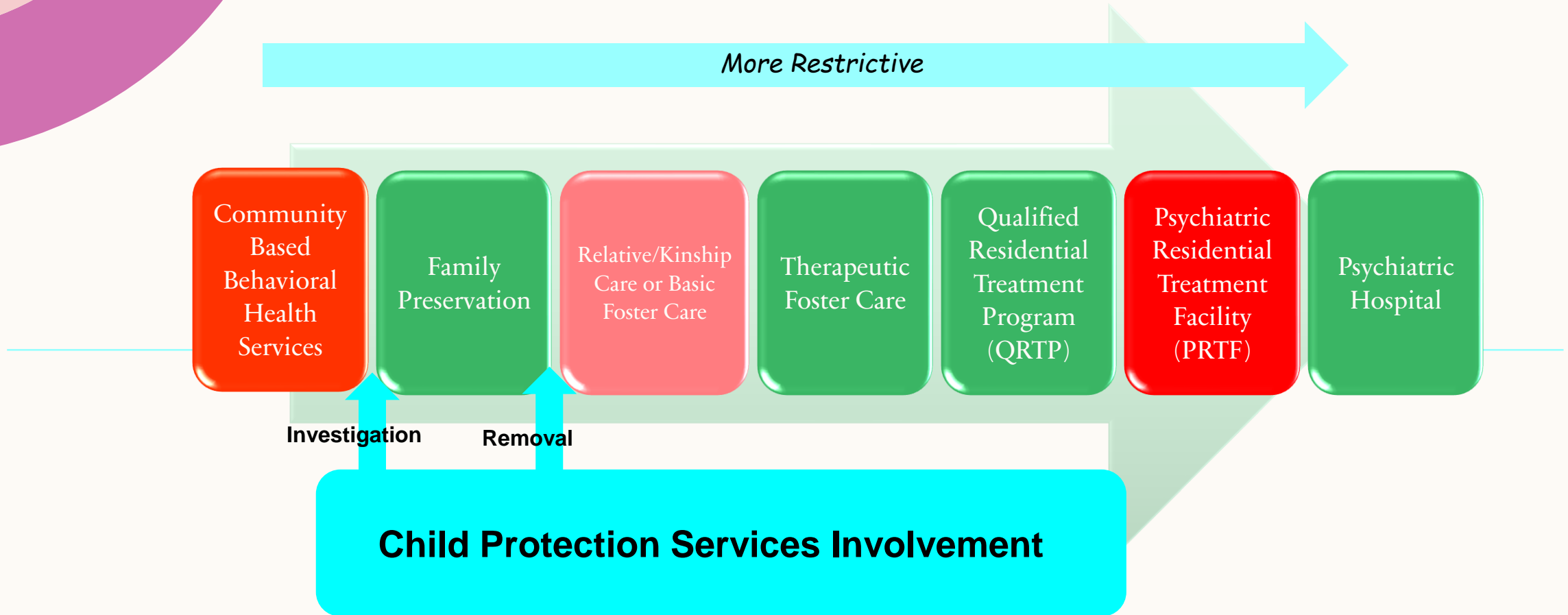
2014 - Opened Behavioral Health Service Network

2017 - Fictive Kin defined

2018 - Started paying relative and fictive kin as foster parents

**YET NOT SUPPORTED...**

# IMPROVING THE CHILDREN'S SERVICES CONTINUUM OF CARE



# BEHAVIORAL HEALTH CRISIS

- 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.
- Research from the Annie E. Casey Foundation shows the Kentucky saw a 28% increase in children's anxiety or depression between 2016 and 2020. And more than one in seven Kentucky high school student reported having seriously considered suicide.
- American Foundation for Suicide prevention reported suicide is the second leading cause of death for young people ages 10-24 in Kentucky
- COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression world-wide. Wake-up call to all countries to step up mental health services and support.





# 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 Children's Alliance member survey in Dec 2021.



## BEHAVIORAL HEALTH STAFF TURNOVER RATE

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

2019 - 25%

2020 - 30%

2021 - 40%



## **AVERAGE SALARIES BASED ON SURVEY COMPLETED BY 13 BHSO/BH-MSG CHILDREN'S ALLIANCE MEMBERS**

	<b>2021</b>
Licensed Therapist (Master's Degree plus two years experience/supervision)	\$47,469
Associate Therapist (Master's Degree)	\$41,017
Case Manager (Bachelor's Degree)	\$35,144

American Foundation for Suicide Prevention revealed in 2021,  
75% of Kentucky communities did not have enough mental  
health providers to serve its residents



## **JOBS AVAILABLE IN LOUISVILLE AREA ON 8/10/23 REQUIRING NO DEGREE**

### **Part-time Office Manager**

Louisville Public Media

\$25/hour - Part-time

### **Utility Water Meter Reader**

Olameter Corporation

\$22.48/hour (\$46,758/year) – Full-time

### **Client Service Representative**

Aflac

\$49,134 - \$61,764 salary – Full-time

### **Non-Emergency Medical Driver**

Z-Trip

\$65,000 - \$78,000 salary – Full-time

# KENTUCKY MEDICAID RATES COMPARED WITH SURROUNDING STATES

Description	Unit of Service	KY Lic Masters	OH Rate	WV Rate	VA Rate	IN Rate	IL Rate	MO Rate	Avg Other States	Disparity KY & State Avg	MS Rate
Psych Diagnostic Evaluation	Event	\$ 103.63	\$ 111.11	\$ 151.20	\$ 121.03	\$104.65	\$ 111.36	\$ 141.96	\$ 123.55	\$ 22.05	\$ 104.44
Individual Therapy	60 min.	\$ 87.58	\$ 102.31	\$ 129.52	\$ 102.27	\$100.60	\$ 139.36	\$ 119.74	\$ 115.63	\$ 30.05	\$ 104.44
Family Therapy	Event	\$ 57.70	\$ 86.94	\$ 67.22	\$ 66.49	\$ 81.46	\$ 139.36	\$ 78.12	\$ 86.60	\$ 30.35	\$ 85.81
Group Therapy	Event	\$ 21.05	\$ 28.12	\$ 27.72	\$ 18.50	\$ 20.61	\$ 26.48	\$ 23.04	\$ 24.08	\$ 8.53	\$ 23.52
Alcohol/Drug Abuse Screening, Brief Intervention, & Referral to Treatment (SBIRT)	15-30 min.	\$ 16.78	\$ 25.05	\$ 24.10	\$ 24.35	\$ 27.26	n/a	\$ 35.52	\$ 27.26	\$ 10.48	n/a

# NOT KEEPING UP WITH COST OF CARE

	Associate Level Therapist	Licensed Independent Therapist
2005 Impact Plus	\$78.40	\$78.40
2023 Medicaid	\$76.63	\$87.58

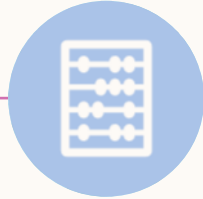
*Consumer Price Index (CPI) indicates \$78.40 has the same buying power as \$125.67 today based on the rate in 2005.*

## **24% Loss in licensed therapists in KY BHSOs**

- 2022 - KY BHSOs had 309 licensed therapists
- 2023 - KY BHSOs had 236 licensed therapists

*Based on data provided by Department for Medicaid Services (DMS) Kentucky in February 2023*

# WHILE TREATMENT SERVICES DECREASED, ADMINISTRATIVE SERVICES INCREASED



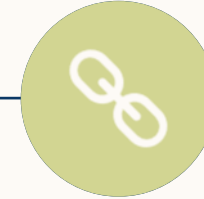
## MORE AUDITS

- A member reported that from FY 18 – 21 the average number of MCO audits was 597. In FY 22 alone they completed 2182 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.



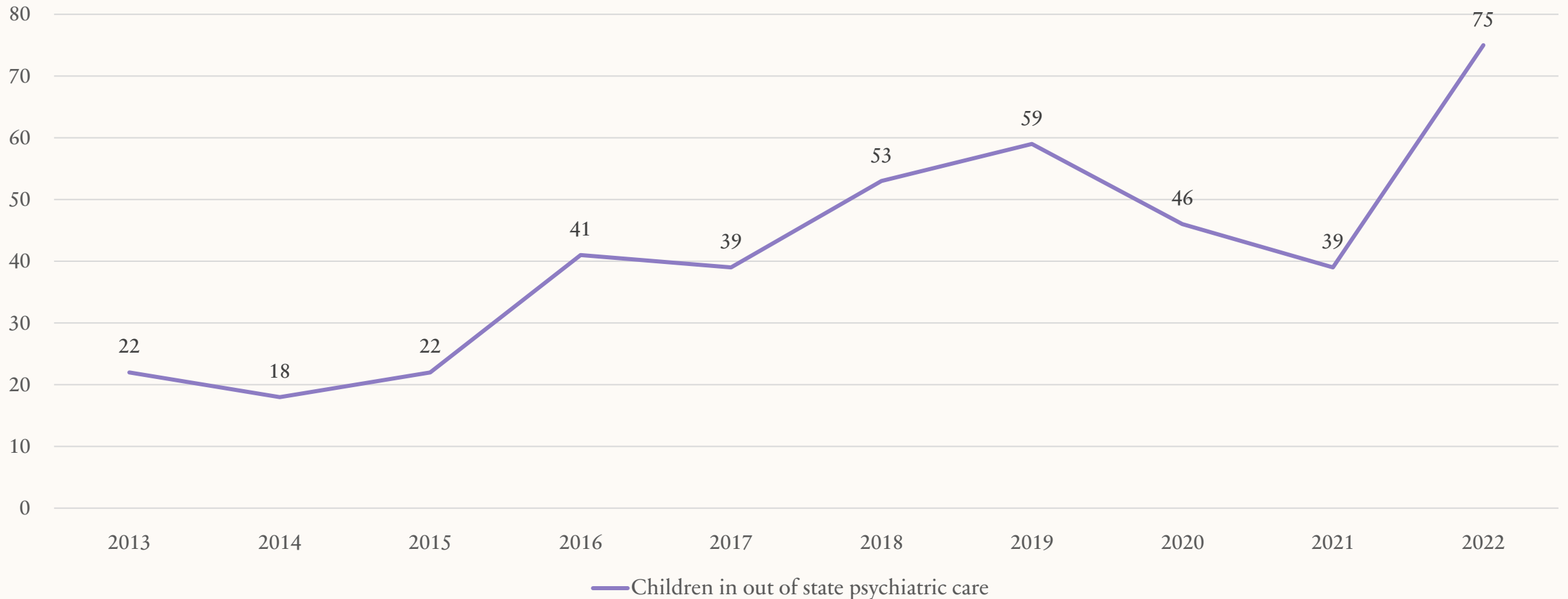
## LESS TREATMENT

- A member reported their program used to have 35 therapists serving children and families in the community and today they only have 6 ½ therapists.
- Two members recently closed their behavioral health services programs because the reimbursement rate did not cover the cost of the treatment and administration.

# PRTF I AND II RATES

- PRTF II Legislation passed 2010. PRTF II rates have not changed since 2010, even though per diem rates should be evaluated annually based on the PRTF II cost report data.
- PRTF I rates are increased 2.2% biennially, however the current rate is below the rate being paid for Kentucky Qualified Residential Treatment Programs (QRTPs). *(2.2% increase every other year is about a 15% increase in the rate since 2010, when the CPI since 2010 is 36% increase).*

# # OF DCBS CHILDREN PLACED OUT OF STATE FOR PSYCHIATRIC/RESIDENTIAL CARE



Based on data obtained from the Department of Community Based Services (DCBS) August 2023



# CREATE AND SUPPORT INTENSIVE IN-HOME SERVICES

- **Intensive In-Home Services...**
  - Allows children and families to receive services in their home using a team-driven approach;
  - Eliminates barriers to accessing services like transportation, school and work schedules;
  - Shift focus away from a service-driven, problem-based approach to a strengths-based, needs-driven approach;
  - Builds on individual and family strengths to help families remain together safely, achieve positive goals and improve well-being;
  - Provides for seamless service delivery for the child and family, which allow for flexibility in the intensity of coordination over the course of treatment with the ability to quickly address any issues that arise; and
  - Reduces the need for more intensive and expensive services.
- **A specific Medicaid code...**
  - Helps ensure adequate reimbursement for an array of necessary services which vary in intensity and coordination that are provided in the home; and
  - Simplifies the billing and administrative processes for providers allowing them to focus on delivering services to the family.

# WHAT LEGISLATORS CAN DO?



- Implement an **increase in Medicaid behavioral health and PRTF rates** to help ensure children and families have access to needed behavioral health treatment and keep children from having to enter foster care.
- **Create a Medicaid code to implement Intensive In-Home Services for children, youth, and their families** so more families and children can remain together safely and thrive, reducing the need for more intensive and expensive services.
- Pass legislation to **reduce the number of Medicaid Managed Care Organizations to three** to reduce the administrative burden on service providers so they can spend more time providing treatment and services.
- **Evaluate and adjust reimbursement rates for effective programs every biennium** so families and children have access to quality care when they need it.

**30% STATE FUNDS PROVIDES 70% FEDERAL MATCH TO INVEST IN KENTUCKY**

**Asking for Medicaid Behavioral Health Services rates be equal to 100% of Medicare rates.**

To support at least a 25% increase in behavioral health rates for Behavioral Health Service Organizations (BH-SO) and Behavioral Health Multi-Specialty Groups (BH-MSG) based on 2022 utilization...

\$30.4 Million State Investment – at minimum  
*(does not include funds for increased access/utilization)*

+ \$70.9 Million Federal Drawdown

= \$101.3 Million Total Increase for BH-SOs and BH-MSGs

# THANK YOU!!

## QUESTIONS??

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