

Feb. 1, 2023

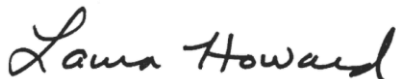
Senator Billinger, Chair, Senate Ways & Means,  
Senator Gossage, Chair, Senate Public Health & Welfare,  
Senator Warren, Chair, Senate Committee on Judiciary  
Representative Waymaster, Chair, House Appropriations,  
Representative Landwehr, Chair, House Health & Human Services,  
Representative Owens, Chair, House Committee on Corrections and Juvenile Justice

Dear Chairpersons,

The Department for Children and Families is providing this 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 per the request of the Joint Committee on Corrections and Juvenile Justice Oversight.

The accompanying document provides an update on the agency's efforts to restart the rules and regulations process. In addition, it outlines new efforts to work with Johnson County on their efforts to open a Juvenile Crisis Intervention Center for their community. We also provide background and the status of recent supports to families to meet the crisis assessment and treatment needs of youth. The purpose of this information is to convey that while no JCIC facility is in operation resources for families and youth serve as alternatives to a facility based JCIC approach. Thank you for sharing this letter and accompanying document with the Committee.

Sincerely,

A handwritten signature in black ink that reads "Laura Howard".

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

Cc:  
Andrew Brown, Commissioner, KDADS  
Secretary Zmuda, Deputy Secretary, KDOC  
Tanya Keys, Deputy Secretary DCF

## **Background and status**

House Substitute for SB 179 created law describing a Juvenile Crisis Intervention Center 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.

K.S.A 65-563 (effective July 1, 2018) required DCF to begin a JCIC Jan. 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.

Attached to this report you'll see a timeline of all JCIC activities since the bill was passed. Additionally, we have provided a side-by side comparison of the statutory language and actions taken to date.

## **Moving forward**

Renewed interest in opening a JCIC in Johnson County has prompted the agency to take important steps to restart the process.

DCF along with the Kansas Department for Aging and Disability Services, engaged with representatives from Johnson County to work through their concerns and questions.

Their interests focus on certain definitions in statute and regulations that County officials see as restrictive and cost prohibitive. For example, both parties agree that statute needs to be changed to say, "behavioral health" rather than "mental health". Johnson County worked with legislators and other stakeholders on statutory language that addresses their concerns. That language is now House Bill 2033. DCF recently provided proponent testimony on the bill. DCF believes this language change provides opportunity and clarity for a comprehensive service array to families whose children are experiencing behavioral health crisis, to include mental health, substance use, and other behavioral needs.

Additionally, the agency submitted the remaining set of draft regulations to the Department of Administration for legal review. We have been notified that the review is complete, and the regulations have been forwarded to the Attorney General for final review and promulgation.

These discussions between agencies have been meaningful and will continue as we work together to find the best possible path forward for youth and families.

KDADS and DCF have consulted with the Kansas Department of Corrections to understand the process for a provider to access to funds or provide recommendations for spending through the Juvenile Justice Oversight Committee. We understand the Secretary of KDOC would then approve funds for use by a provider.

# JCIC Timeline

2018	<ul style="list-style-type: none"><li>• July, K.S.A 65-536 effective.</li><li>• October, Dept. of Admin Released JCIC RFP for DCF with reponses due Nov. (1st RFP)</li><li>• November, one (1) bidder: Johnson County for NE KS counties.</li><li>• December, JCIC draft regulations from Dept of Admin and Budget to Attorney General.</li><li>• December Award notice from DCF to JO CO</li></ul>
2019	<ul style="list-style-type: none"><li>• January required JCIC start date.</li><li>• April, JO CO rescinds bid, no award made.</li><li>• Apr-May, DCF, KDADS, KDHE, KDOC-JS meet monthly to identify next steps given withdrawl of only bidder.</li><li>• April, DCF and AG representatives meet to review proposed Regulations.</li><li>• August, Dept. of Admin Released JCIC RFP for KDADS with reponses due Oct. (2nd RFP)</li><li>• September, DCF returned revised regulations to DofA and Budget.</li><li>• October, one (1) bidder: Family Service &amp; Guidance Center to serve 120 youth in 11 NEK counties. Technical and financial proposal review begin.</li></ul>
2020	<ul style="list-style-type: none"><li>• Jan -Feb, JCIC RFP review teams meet and negotiations begin.</li><li>• March, negotiations yield requirements for JCIC not feasible for bidder to implement. KDADS contact Dept of Admin to close the RFP with no award.</li><li>• June, Dept. of Admin Released Crisis and Mobile Response RFP for DCF with responses due July.</li><li>• 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.</li><li>• DCF received 3-4 Regulation not approved by AG office.</li></ul>
2021	<ul style="list-style-type: none"><li>• 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 &amp; 4,000 mobile response annually)</li><li>• Contract lays groundwork for '988' National Suicide Hotline implementation in 2022.</li><li>• 2 DCF placement stability grants for in home Behavior Interventionist awarded in KC and Topeka .</li><li>• 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.</li><li>• Alternatives such as respite, cooling beds or in home interventions explored for implementation and purchase of service.</li><li>• 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.</li></ul>

## Side-by-Side Comparison:

Attribute	K.S.A. 65-536 JCIC	2022 Community Based Crisis Continuum of Care Proposal
<b>Population Served</b>	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>
<b>Determination of Need</b>	<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 or 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>
<b>Method</b>	Facility Based	Home and Community/School Based
<b>Program Scope</b>	<p>[stabilizes youth after arrival to a site facility]</p> <ul style="list-style-type: none"> <li>• Short-term observation</li> <li>• Assessment</li> <li>• Treatment</li> <li>• Case planning</li> <li>• Referral</li> <li>• CMHC involved in discharge planning</li> </ul>	<p>[stabilizes a child in the child’s own home and community at any time.]</p> <ul style="list-style-type: none"> <li>• Crisis triage via call center</li> <li>• 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.</li> <li>• Connect services in first 72 hours.</li> <li>• If inpatient treatment is needed, coordinate with Managed Care Organization for screening.</li> </ul>

		<ul style="list-style-type: none"> <li>• Up to 8 weeks of stabilization services -warm hand off referrals to CMHC and providers.</li> <li>• Build capacity alternatives: cool beds, respite, and in-home supports to caregivers.</li> <li>• 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.</li> <li>• 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)</li> </ul>
<p><b>Duration</b></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><b>Funding Resource:</b></p> <p><b>Both use federal and state funds.</b></p> <p><b>Several crisis (code) service costs covered by/ billed through Kansas Medicaid.</b></p>	<p>K.S.A 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 Center in</p>

		<p>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.</p>
<p><b>Objectives/ Outcomes</b></p>	<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> 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>
<p><b>Feasibility</b></p>	<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>