

TO: Bethell HCBS and KanCare Oversight Committee

FROM: Beth Patton, LMSW and advocate for all persons with mental health needs

RE: HCBS Failures in local CMHC catchment area of SEKS

I am writing this on behalf of a parent/child/family who shall stay unnamed due to confidentiality reasons. It is not to be taken offensively by this committee but to be used as information to be used in a proactive measure in all future interactions with Kansas who have mental health issues. It is a real and genuine concern observed personally within my own community to my utter dismay.

Below are the bulleted items that over a 9-month period, were either requested repeatedly and not provided by my local CMHC or, were for lack of a better word "errors" made by them. MOST parents just do not have or know where to access services unless they know the protocols or how to find the right people. Luckily for this parent, I was able to assist. These items are as follows:

- Child was screened at local emergency room for psychiatric reasons, after waiting for 6 hours for transport to show from a hospital the CMHC stated would accept for admission, they took said child to Missouri 3 hours away, parent went home and 4 hours later by the time child got there, parent received a call from the hospital 3 hours away stating that if did not come pick her up, parent would owe \$17,000 because they did NOT accept Kansas Medicaid. Parent called the mental health center, allegedly received no immediate response nor assistance to pick up child, the parent drove 3 hours there and could not retrieve child. By the time the parent got back to Kansas, after speaking with UHC and making calls to arrange prior auth for CMHC to pay out of state rates, then the CMHC had somehow made arrangements to find a Kansas Medicaid bed opening and transport to same.
- Repeated requests this parent asked for attendant care to be provided 3 hours weekly (part of case mgmt. not SED waiver related), was told that no staff available, COVID period, not provided except at school, etc.
- Request for SED waiver screen to be completed early July, was told that evaluator was leaving and could not complete, was not completed until child was out of 2nd hospital stay and was being screened for a PRTF 2 months later.
- Requested respite hours upon taking to crisis and other times of need, was told that it was not available, was told that the only respite available was "closed due to it being shut down due to fire code violations.
- Parent had advocated several times seeking outside respite to be contracted out and respite agency had agreed would contract with CMHC, CEO & HCBS director both allegedly reported that "we don't contract for respite with outside agencies".

- When asked if there is a crisis intervention plan, parent was allegedly told by HCBS director that if there is a crisis in the home and couldn't deescalate child, then "call local law enforcement or bring to the crisis center to be screened". That is NOT a crisis plan to keep a consumer IN the community and OUT of hospitals.

All of these lack in services, ended up recently in this child being days within having to possibly be placed back into the foster care system and out of the care of the parents because they were unable to secure placement in their home due to having other children's safety at risk.

But as usual, God miraculously pulled up through the ashes a wonderful collaboration of caring people from both UHC, Medicaid and DCF staff members, and together they refused to leave the Microsoft team table TWICE for this parent.....until a plan was in place to keep this child from being placed into DCF custody thereby becoming traumatized again. I won't divulge how and to what extent monetarily but.....the most important thing is that they did it for the right reason.....from the heart.

I ask two things of this committee. FIRST to applaud the combined efforts of the wonderful staff members and employees that went above and beyond their duties to care for this child thus also making a safe place for healing for the other children in this parent's home. SECONDLY, for someone to seriously overhaul and put fail proof watch towers in place for CMHC's to use their funds wisely, ensure their services are being implemented PER POLICY and if not, that they are somehow penalized because obviously that is where some if not all of the impetus lies. At least, that is from the observation of a seasoned behavioral analyst but, it is said with a sorrowful spirit. I wish this on behalf of all parents, grandparents and advocates for not only children but, persons with mental health needs because until you are on THIS side of the fence watching it and living it.....you have no idea.