Joint Meeting of Child Welfare and Foster Care
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By Randy Callstrom

Good afternoon. Thank you for the opportunity to provide testimony to you today. My name is Randy Callstrom. I have worked in the Kansas Community Mental Health Center system for 30 years as a therapist, children's mental health director, and for the past eight years as the CEO of Wyandot Behavioral Health Network. I also have worked in foster care when DCF was called SRS and prior to privatization, residential group homes, and inpatient psychiatric hospitals. And I was a mental health representative on the Judicial Review Committee in 2017 and the Crossover Youth Task Force both of which reviewed the impact of SB367. Recommendations from the Judicial Review Committee included crisis intervention for juvenile offenders including crisis intervention centers, a single point of access to treatment through the CMHCs, addressing capacity issues in Psychiatric Residential Treatment Facilities (PRTFs), and collaboration across systems. Those changes and enhancements are still very much a need nearly six years later.

While the intent of SB367 was to provide more appropriate care to youth involved in the juvenile justice system and reduce inappropriate and unnecessary placement of youth in detention, there has been significant unintended consequences. The most significant issue has been the placement of juvenile offenders into the foster care system due to the lack of better alternatives for out of home placement or the availability of specialized, intensive community-based programs. Group homes for juvenile offenders were all but eliminated under SB367. Detention for youth, as is appropriate, is reserved for those who committed serious felonies. Again, these changes were made with the best intentions. However, alternatives were not created and the promise to redirect funding to community-based programs did not materialize, at least not nearly to the level needed.

Wyandot BHN operates an emergency group home for children in Wyandotte County which is the primary emergency shelter for children when they are first placed in police protective custody or PPC. We provide care for children for up to 72 hours until the court places them in foster care or returns them home. We may have a 6 year-old who is in PPC due to physical or sexual abuse and receive a referral from the Juvenile Intake and Assessment Center for a 16 or 17 year old whose parents refused to pick them up at JIAC after coming to the attention of law enforcement. The needs of these two children and their families are equally important but very different. Yet they both end up in a foster care system designed for children who have been abused or neglected. The mixing of these different children creates safety issues for the younger children in our shelter and the older youth, who come into care due to their own behavior, are more likely to run away. These dynamics are played out throughout the child welfare system as well.

There are national models of community-based programs designed for juvenile offenders. Functional Family Therapy (FFT) and Multi-systemic Therapy (MST) are two of the most common and have years of research behind them as Evidenced Based Programs (EBP). While a few of these programs were started in Kansas after SB367, they have been far and few between and the funding was inadequate to provide the level of intense services necessary. Funding was for a few therapists who were expected to cover several counties. We operated an MST program in Wyandotte County for three or four years that was funded through the Department of Corrections. However, there was a fundamental flaw in the program

design to prevent youth from entering the foster care system. The MST model was designed for the most serious felony offenders. However, the youth entering foster care, by far, were youth with misdemeanor offenses whose families were unable to provide the structure, supervision, or support to help these youth be successful at home and in the community. Basically, these families were exhausted and had given up. The flaw is that these youth and families were not eligible, as designed by the DOC and MST consultants, for the program.

Wyandot BHN once offered a program, Project Redirect, for misdemeanor offenders who were at risk of out of home placement and their families. It was based on the principles of MST but was more of an early intervention program. Project Redirect was funded through prevention money passed through the local Juvenile Corrections Advisory Board (JCAB). Unfortunately, cuts in funding to JCABS and an emphasis on post adjudicated youth eliminated that program. But the data showed it was successful in preventing further juvenile charges and out of home placement.

Community Mental Health Centers offer services that can be beneficial for justice involved youth and their families, including individual or family therapy and psychiatric services. However, for intensive community and home-based services, the youth must meet the Severely Emotional Disturbed (SED) criteria, which some do but others do not. Case management, in-home family therapy, and social skills groups are not available to those who do not meet the SED criteria.

Another challenge is that models such as FFT and MST require intensive in-home services for 5 or more hours a week, and most of the time and effort is working alone with the parent or other caregiver. However, until last year, Medicaid rules have prohibited therapists from working with parents and caregivers without the youth present, and managed care organizations have frequently audited the billing for clients receiving intense levels of services.

Justice involved youth and their families need to be identified early and have quick access to programs designed for them. Crisis intervention programs or crisis centers could serve this purpose. We know that community-based programs designed for these youth and families can work. The research is clear about that. But these programs require flexible funding – not based on a fee for service funding – and the eligibility criteria must target the youth who are being placed out of home. Early identification and intense intervention are key to prevention of foster care placement.

Psychiatric Residential Treatment Facilities (PRTF) are the only residential mental health programs in the state. They are designed for children with severe emotional disturbances who need longer term treatment than offered in an inpatient psychiatric hospital. For justice involved youth who end up in the foster care system and struggle to maintain in a foster home, PRTFs are the only residential services available. Yet many of these youth are denied admission by a PRTF because of their history of aggression. More importantly, PRTFs are not designed for youth who primarily have the behavioral challenges that brought them into contact with the justice system. These youth need residential programs designed for their needs. Very importantly, work with the parent or caregiver must continue to prepare the family for the youth’s return home.

Early identification, crisis intervention with a single point of access, residential programs designed for justice involved youth, and intensive community-based services can help these youth and families and prevent placements into the foster care system.