

Child Welfare Advisory Testimony
October 21, 2020

Thank you for the opportunity to present today. My name is Randy Callstrom, and I am the President and CEO of Wyandot Behavioral Health Network.

I have worked in mental health for a long time and most of my career has been spent working with children and families. I have worked in residential treatment, inpatient psychiatry, and since 1993 I have worked at the community mental health center in Wyandotte County, where I began as a therapist in our children's services. For many years, I served as the director of our children's programming.

Today, I would like to share why the need for family therapy with parents and foster parents to address the mental health needs of children without the child present is so important. The Centers for Medicaid and Medicare Services allow this practice under Medicaid Code 90846, and it is used successfully in other states, such as Texas. However, it is not currently reimbursable through the Kansas Medicaid program.

Many children in the child welfare system have a need for mental health treatment. Children in foster care have experienced trauma including physical abuse, sexual abuse, emotional abuse, or neglect of basic needs such food and stable housing. The prevalence of other adverse child experiences or ACEs are extremely high. And, by definition, every child in foster care has experienced the trauma of being separated from their biological parents.

As a result, children have low levels of trust and high levels of trauma responses, which can lead to emotional dysregulation and disruptive behaviors. And those disruptive behaviors can lead to placement disruptions causing further trauma to these children.

Mental health treatment is critical for children in foster care. We know that untreated trauma can lead to life-long emotional and relationship problems and life-long chronic physical health disorders. Individual therapy can go a long way to help children in their recovery, help them heal from their trauma experiences and learn new coping skills. However, individual therapy is often inadequate. It is important to treat children in the context of their family environment, and foster parents can play a critical role in aiding the child's recovery. However, foster parents need support, knowledge, and the tools to help that child.

Children with emotional dysregulation and disruptive behaviors require predictable routines, appropriate structure, and lots of positive support. Yet, because each child is different, unique behavior plans based on the specific needs of each child and in the context of that specific home can be critical. In other words, what worked for Jimmy and Sally, may not work for Billy. Strategies need to be developed with the foster parent about how to best meet that specific child's needs, using the resources and skills of that parent, and designed for that specific family and home environment. That simply cannot always be done with the child present and is why being able to provide family therapy without the child present is critical.

Foster parents and the child's therapist need to have candid conversations about how the child is behaving in the home, what the parent's challenges are, and develop specific behavior plans accordingly. Foster parents must understand the emotional needs of the child and how to intervene and

respond to that specific child. These conversations are inappropriate to have with the child present. They can be damaging to that child and cause harm to the relationship with the parent. Who wants to go to therapy and hear your caregiver talk about how bad you are? These must be private conversations.

However, these private conversations are not currently reimbursable by Kansas Medicaid, which has not approved use of the code that allows for reimbursement for a therapist to work with the parent to develop strategies and behavior plans to support that child. I remember as a therapist I would try to meet with the parent alone for a few minutes at the beginning or end of a session. In most cases, that is still the extent of the support offered to parents in addressing the child's needs and behaviors in their home. That is not enough. Parents can play such a vital role in the recovery of a child, but they need the knowledge and strategies to help that child. When a child's emotional and behavioral needs are not met and the parent feels helpless and overwhelmed, the placement will disrupt.

Some of the most well-known evidenced based practices for family therapy, including Multi-systemic Therapy and Functional Family Therapy, require the therapist to work alone with the parent. Wyandot Center had an MST program, and much of our time was spent with the parent without the child present. You are not following the fidelity of the model if you don't do that. Yet, we are unable to be reimbursed for that work under the current Medicaid plan. It is just one of the reasons why many evidenced based parenting programs cannot be provided unless it is grant funded.

Approving use of the code 90846 in Kansas will allow providers to be reimbursed for working with parents and guardians to ensure stable and supportive home environments in order to ensure the long-term success of treatment provided to the child. By the therapist being able to work alone with the parent, better behavior plans will be developed. There will be fewer disruptive behaviors in the home, and the parent will experience greater support in working with the child. All of which should lead to fewer placement disruptions. And, most importantly, it will aid the recovery of children who have experienced incredible childhood trauma.

Thank you for the opportunity be here today.

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