

**Governor's Behavioral Health Services Planning Council
Children's Subcommittee
June 1, 2014**

Presented to:

Wes Cole, Chairperson, Governor's Behavioral Health Services Planning Council
Kari Bruffett, Secretary, Kansas Department for Aging and Disabilities
Sam Brownback, Governor

Vision

Our vision is that all Kansas children and their families will have access to essential, high-quality behavioral health services.

Mission

Our mission is to promote integrative, strength based, culturally competent, community based, family driven behavioral health systems of care, which will result in child and family well being.

Prepared by:
Children's Subcommittee

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SUBCOMMITTEE MEMBERS

Tiffany Smith, United/Optum Behavioral Health /Chair

Bonnie Werth, LINK, Inc. /Vice-Chair

Stacy Rucker, Wichita State University/Secretary

Bruce Bynum, Parent/Fatherhood Initiative, KCSL

Catherine Ramshaw, GBHSPC member at large and Parent Representative

Cherie Blanchat, Technical Assistance System Network

Darla Nelson-Metzger, Families Together, Inc.

David Barnum, The Guidance Center

Elizabeth Guhman, Prairie View, Inc.

Erick Vaughn, Kansas Head Start Association

Gary Parker, GBHSPC Member at Large

Jeff Butrick, Department of Corrections

Kathy Brown, Parent Representative

Kelly McCauley, KVC Health Systems, Inc.

Kimberly O'Connor-Soule, KVC Prairie Ridge

Linda Witten, Parent Representative

Michael Hinton, KVC Wheatland

Sherri Luthe, Parent Representative

Ryan Gonzales, KDADS, Subcommittee Staff Support

INTRODUCTION

The Children's Subcommittee was initiated in August of 2004 when the Governor's Mental Health Services Planning Council (GMHSPC) recognized the benefit of a subcommittee devoted to the mental health needs of children and their families. The subcommittee established a membership that would bring the voices of parents, youth consumers, caregivers, educators, providers of services, and other entities involved and interested in the quality, accessibility, consistency, and effectiveness of mental health services for Kansas children and their families.

The Children's Subcommittee is devoted to the behavioral health needs of children and their families. The subcommittee examines and makes recommendations to improve the array of behavioral health services offered to children and their families through Kansas Community Mental Health Centers (CMHC), other children's service systems and collaboration between systems of care such as Psychiatric Residential Treatment Facilities (PRTF), hospitals and schools. Representatives from specialized programs and community groups were invited to present to the subcommittee in order to gain a better understanding of children's programs and services throughout the State. From these presentations, as well as feedback from families and consumers and state outcomes data, the committee developed three research surveys. The surveys explored access, consistency, and effectiveness of Children's Mental Health Services, as well as gaps and barriers. Given the scope of this work from a volunteer subcommittee, this project took considerable time and energy to complete.

The subcommittee included perspectives from parents, youth, CMHC staff, school personnel, hospitals, and the rich data available through SRS (KDADS). In response to larger system changes and feedback from membership, we continue to identify and recruit new members to assure representation of diverse interests and perspectives. For example we are currently seeking out members from the fatherhood initiative, rural and frontier, foster care, culture, faith based, and other identified areas.

SIGNIFICANT ACCOMPLISHMENTS in past years

- ✓ Completed the Statewide Children's Hospital Committee Report. (2005)
- ✓ Completed research and summary of findings of Gaps and Barriers to Mental Health Services for Children and Families. (2008)

- ✓ Developed recommendations for an appropriate Community Based Service Model which would provide Kansas children with essential mental health services and community resources needed to establish a minimum age requirement for in-patient treatment. (2009)
- ✓ Integrated survey findings (Service Gaps and Barriers, Children's Hospitalization study and System Collaboration Project) and presented recommendations. (2013)

2014 ACCOMPLISHMENTS

1. This subcommittee researched and selected the Minnesota state tool kit to assist and provide guidance to successfully support children in their school communities. The Minnesota Association for Children's Mental Health developed a toolbox of fact sheets which our subcommittee would like to disseminate to schools. Surveys that were conducted previously with the Community Mental Health Centers, State Hospitals, and Educational/Schools found that school administrators and teachers need additional training and information about effective ways to support youth with SED in the educational setting.
2. This subcommittee initiated a collaborative relationship with the Kansas Department of Education, Technical Assistance System Network (KSDE/TASN). TASN presented information about the Multi-tiered system of support (MTSS) and Comprehensive Integrated Three Tiered (CI3T) initiatives they are supporting and providing to schools. Innovative educators developed a program of evidenced based approaches to meet educational **and** behavioral needs. This multi-tiered system accommodates all children. MTSS is a continuum of evidence based, system-wide practices to support a rapid response to academic and behavioral needs, with frequent data-based monitoring for instructional decision-making to empower each Kansas student to achieve high standards. Dr. Kathleen Lane from the University of Kansas has developed the CI3T model to include academic, behavioral, and social competencies. TASN is incorporating parents into the planning with Families Together, Inc.

2015 GOALS

- 1. Develop recommendations to improve effective collaboration, communication, and coordination between CMHC's, schools, families and out-of-home placement settings.**

ACTION STEPS:

- a. Collaborate and continue to look for opportunities and strategies with interested entities and systems to support and organize a state tool kit to provide strategies for teachers and school administrators to support children experiencing challenging behaviors.
 - b. Locate materials and recruit speakers to provide presentations from around the state for current best practices and evidence based practices, regarding education, training and collaboration for parents, schools, hospitals, and CMHCs.
 - c. Research and promote the integration of Behavioral Health evidence based practices for family and child treatment which can practically be integrated into Kansas's current Behavioral Health Care systems.
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- 2. Develop recommendations to advance prevention and early intervention approaches for early childhood (birth to entry into school) social/emotional development to support and assist parents, caregivers, childcare and CMHC and other interested parties.**

ACTION STEPS:

- a. Collaborate and continue to look for opportunities and strategies with interested entities and systems to support and locate material and information to communicate and provide evidence based practices for successfully supporting children and families for early intervention.
- b. Recruit speakers to provide presentations from around the state for current best practices and evidence based practices, regarding prevention, and early intervention.
- c. Research and promote the integration of Behavioral Health evidence based practices for family and child treatment which can practically be integrated into Kansas's current Behavioral Health Care systems.

RECOMMENDATIONS TO THE GBHSPC

The GBHSPC's Children's Subcommittee recommends that KDADS, in cooperation with its partners continues to support and fund:

1. Further education and training to community providers and CMHC's about:
 - a. Prevention, Early Identification, Early Intervention, Healthy Development, Resiliency, Risk Factors, and Parent Support.
2. Community providers and CMHCs to increase array of available and consistent services statewide to consumers allowing the utilization of technological enhancements such as teleconferencing, laptops and portable printers.
3. Further education for parents, caregivers and families related to meeting the needs of youth who are at-risk of out-of-home placement.
4. Training for relevant school personnel in effective ways to work in the school setting with youth with mental health concerns and those at risk for out-of-home placement.

SUMMARY

Kansas has a proud history of treating and supporting mental health consumers and has been viewed by other states as a model when considering mental health care. Members of the Children's Subcommittee are committed to supporting the needs of children and families in Kansas and continuing this proud tradition.

The Children's Subcommittee strongly believes continued action and support is required to help Kansas children with behavioral health issues and their families. These children and families need services that are preventative, family driven, strength-based and trauma informed, as an integral part of reaching their recovery goals. These goals can be achieved by continuing to transform and financially support the behavioral health system to meet the changing needs of Kansas children and their families.

The Children's Subcommittee requests that the GBHSPC and KDADS support the recommendations in the report and encourage the State of Kansas to maintain the proud tradition of caring for and treating those with behavioral and substance use challenges.