Governor's Behavioral Health Services Planning Council
Children's Subcommittee
2013 Annual Report
June 14, 2013

Presented to:
Wes Cole, Chairperson, Governor's Behavioral Health Services Planning Council (GBHSPC)
Shawn Sullivan, Secretary, Kansas Department for Aging and Disability Services (KDADS)
Sam Brownback, Governor

Mission

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

Vision

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

Prepared by:
GBHSPC Children's Subcommittee

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SUBCOMMITTEE MEMBERS

Elizabeth Guhman, Prairie View, Inc. /Chair
Tiffany Smith, Kansas Department of Education /Vice-Chair
Bonnie Werth, LINK, Inc. /Secretary
Bruce Bynum, Parent/Fatherhood Initiative
Cathy Ramshaw, GBHSPC member at large and Parent Representative
Carol Spiker, KDADS, Substance Use & Gambling
Darla Nelson-Metzger, Families Together, Inc.
David Barnum, The Guidance Center
Erick Vaughn, Kansas Head Start Association
Gary Parker, GBHSPC Member at Large
Jan West, Four County Mental Health Center
Kathy Brown, Parent Representative
Kathy Byrnes, Parent Representative/KU School of Social Welfare
Kelly Jorgensen, Kansas Department of Health and Environment
Linda Witten, Parent Representative
Michael Hinton, KVC Wheatland
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Nick Wood, Disability Rights Center
Kimberly Pierson, Behavioral Health Services/CSS
Patricia Long, Department for Children & Families
Randy Bowman, Juvenile Justice Authority
Sherri Luthe, Parent Representative
Stacy Rucker, Wichita State University
Sabra Shirrell, Kansas Department of Health and Environment
Susan Giles, GBHSPC member at large and DCF
Pam McDiffett, 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 voice 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 has examined the array of services offered 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 to gain a better understand 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. This work was completed this past year. The subcommittee included perspectives from parents, youth, CMHC staff, school personnel, hospitals, and the rich data available through KDADS. Findings have been shared with the GMHSPC- now officially GBHSPC (Governors Behavioral Health Services Planning Council)- and the Secretary.

SIGNIFICANT ACCOMPLISHMENTS in past years

- ✓ Moved the Statewide Children's Hospital Committee Report out of draft (2005)
- ✓ Presented an orientation on Children's Mental Health System to the GMHSPC (2004 & 2011)
- ✓ Completed research and summary of findings of Gaps and Barriers to Mental Health Services for Children and Families. (2008)
- ✓ Integrated survey findings (Service Gaps and Barriers, Children's Hospitalization study and System Collaboration Project) and presented 2013 committee recommendations
- ✓ Develop recommendations for an appropriate Community Based Service Model which would provide Kansas children with essential mental health services and community resources needed to help children and families access a full spectrum of medically necessary behavioral health services that would support the child and family maintain stability in the community. (2009)

ACCOMPLISHMENTS in 2013

- The Children's subcommittee continued work on the Task Force 2 Project to guide the direction of reducing fragmentation and improving collaboration between systems prior to youth going into the hospital or returning to the community after hospitalization.
- Finalized the educational survey, reviewed all data gathered through three separate surveys, and developed conclusions and implications based on project findings.

(Attachment A) 2013 significant findings and RECOMMENDATIONS

GOALS 2014

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

ACTION STEPS:

1. Research nationally recognized State Tool Kits that assist with the improvement of school/families/CMHC collaboration and will successfully reintegrate and maintain children in the school community.
2. Research models and schedule presenters who will provide the most updated information regarding best practices and evidenced best practices in mental health; which will include focusing on educational and training for parents related to best practices applications in children's mental health, best practices applications in the schools for special needs and collaboration models between community mental health centers, parents and schools.
3. Research models that facilitate collaboration between out of home placements, and provide a successful integration back into home/school and community
4. 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.
5. Looking for Grant opportunities or interested entities to support the development of a Kansas State Tool Kit for schools/families/CMHC to collaborate on the same.

B. At the request of the GBHSPC the Subcommittee has added a representative from the Substance Use and Gambling division of KDADS. We will continue to include stakeholders and components of this initiative in our efforts to support families and children services across the state.

C. At the request of the GBHSPC we have appointed an active member to the State Trauma Informed Task Force and to bring Trauma informed information to the Children's Subcommittee.

D. Dialogue/feedback with larger counsel about our recommendations and goals moving forward.

E. Continue to explore funding for youth participation, as well as from faith-based community groups, fatherhood initiatives, and additional parents.

SUMMARY

Kansas has a proud history of treating and supporting mental health consumers and has been looked upon by other states as a model when considering mental health care. As documented in this report, 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 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 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.

Governor's Mental Health Planning Council

Children's Subcommittee

Report Findings

Mental Health-School Collaboration Task Force **Strengths**	Gaps and Barriers Task Force	Hospital Task Force
Seventy-two percent (72%) of educators said CMHCs provided support & some assistance most of the time in school to help maintain a student.	1) Cultural Diversity/Competency Adequately met through: a) staff training c) bilingual staff c) translators d) Golden Rule: treating everyone the same e) Volunteer mentors in treatment planning	1) Kansas has a continuum of care built into the array of services provided by the CMHC community based services programs including: Targeted Case Management, Community Psychiatric Supportive Treatment, Attendant Care, Psychosocial Rehabilitation, Individual & Group Treatment in addition to psychiatric medical evaluations & follow-up, Individual & Family Therapy, Home-Based Family Therapy, & conferences for providers & parents to coordinate treatment.
CMHC staff indicated there was an opportunity for a wraparound meeting to be held before/after hospitalization for a youth 71% of the time.	2) Crisis Services Adequately met through: a) 24/7 hotline b) Preadmission screening c) Crisis case management & diversion d) Mobile crisis response e) In & out of home stabilization f) Written crisis plans g) Some professional resource families h) Respite i) Crisis house j) Preventative training 3) Specialized Treatment Providers felt they offered a wide array of Specialized Treatment.	2) Plan outlines 3 Waiver programs to provide additional services for those children who have symptoms that place them at higher risk for out of home placement including: Early Autism Waiver, SED Waiver, & PRTF Alternative Waiver. These additional services include Wrap-around Services, Parent Support, and Respite Care, Intensive individual support, family adjustment counseling & Professional Resource Family. *The state now only has two wavier programs - Early Autism Waiver & SED Waiver

Mental Health-School Collaboration Task Barriers	Gaps and Barriers Task Force	Hospital Task Force
1) School administrators & teachers need additional training in effective ways to work with youth with SED in the educational setting.	CMHC 1) Staff Retention & Pay 2)Financial help & Health Insurance for needy families 3) Drive time Reimbursement 4) Better reimbursement rates 5) Billable collaboration & communication 6) Interface offender & MH systems 7) Expand service delivery & reimbursement definitions 8) Low/no cost training on pertinent issues & crisis plans 9) Increase case conference time	1) The continuum of care for children receiving mental health services in Kansas does not appear to be meeting all the needs in the communities for all the children & families as evidenced by the number of children who continue to be admitted to inpatient facilities.
2) The need for well-coordinated communication between parents, schools, CMHCs & hospitals appeared to be a central issue.	Parents 1) Statewide Services 2) More information about services available 3) Waiting lists too long 4) Lack of follow through on services 5) Services lacking: a. Respite care b. Parent support/ groups c. Attendant care d. Family therapy e. Anger management groups f. Psychosocial programs 6) Services unavailable/staff shortages 7) Better communication between staff & family including input on services their children receive 8) State more proactive, services earlier	2) The Professional Resource Family was designed to be an alternative for acute hospitalization for youth, allowing for up to 180 days of treatment in a specialized home with education & therapy engaging the child's parents with the resource family & the therapist. There are a very limited number of these homes in place, given high regulatory hurdles, need for specialized training & collaboration with the treatment teams, & financial cost of keeping those beds available. Only 2 or 3 of the 26 community mental health centers have been successful in developing & offering this service.

Mental Health-School Collaboration Task Force Recommendations	Gaps and Barriers Task Force	Hospital Task Force
1) Provide support & education for parents related to meeting the needs of youth who are at-risk of out-of-home placement & those discharging to home & school. Emphasis will be placed on the importance of communication & coordination while respecting privacy.	1) Increased training for parents, community & CMHC staff such as skill building/cultural competence 2) Technology enhancements such as tele-video, laptops & portable printers 3) Equal & consistent access to array of services statewide 4) Addressing issues with family financial capacity for those not covered by 3rd party insurance carrier/ medical card & for children who reach their lifetime maximum insurance benefit.	1) Kansas does not set a minimum age for children to be admitted to a state or private psychiatric hospital. Rather it recommends the state focus on making sure alternative community treatment options are available first & then revisit that question after implementation of a full array of services at the community level. At that time a subsequent review on hospital screens & utilization of outpatient community based services would be warranted.
2) Promote effective communication/ coordination between school, family, CMHC & out-of-home settings for successful transition back to the classroom.	5) Increased attention to staffing issues such as turnover, hiring, high case load sizes, non-competitive salaries, uncompensated travel time & lack of adequate interpreters 6) Funding issues include: billable hour restrictions, billing requirements, lack of time & expertise for grants, bureaucratic paperwork, & funding to maintain or increase the array of services.	2) Need further education & training at the community provider & CMHC level in early intervention, development, resiliency, risk factors, parent support, & the state waiver programs.
3) Provide training for relevant school personnel in effective ways to work in the school setting with youth with mental health concerns & those at risk for out-of-home placement.	7) Parents have stated they would like to be engaged but it is difficult due to transportation issues for both staff and families.	3) Kansas has developed 3 Waiver programs (Early Autism Waiver, SED Waiver, & PRTF Alternative Waiver) for children that can be accessed at age 4 with exceptions for younger children. It is recommended funding continue for these programs & more support may be needed for particular services. *The state now only has two wavier programs - Early Autism Waiver & SED Waiver
4) Expand school-based primary prevention that focuses on early identification & prevention.		4) Consider areas to explore such as; Home-Based Family Therapy, Attendant Care, Family Adjustment Counseling, Autism Specialists, Intensive Individual Support, Parent Support Services during Crisis Intervention/Screens & Respite Care.