Annual Report | 2016–17

GOVERNOR'S BEHAVIORAL HEALTH SERVICES PLANNING COUNCIL CHILDREN'S SUBCOMMITTEE

PRESENTED TO:

Wes Cole, Chair
Governor's Behavioral Health Services Planning Council

Tim Keck, Secretary
Kansas Department for Aging and Disability Services

Sam Brownback, Governor
State of Kansas

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* Notes:
- ✓ Materials and presentations referenced in this report are available by request.
- ✓ Presentations and conversations with members of the subcommittee are also available by request.

SUMMARY OF RECOMMENDATIONS:

Below is a summary of the recommendations from the subcommittee. More detail for each of these recommendations can be found in the body of this report.

- ✓ Promote interconnected systems of care that provide an integrated continuum of person and family-centered services

- ✓ Support Coordinated State Data Systems
  - Support the provision of a unique statewide child identifier
  - Link child-level early childhood data with K-12 and other data systems.[1]

- ✓ Capitalize on upcoming Managed Care Organization Request for Proposal process to implement opportunities to maximize and provide flexible funding.
  - Support statewide screening, referral and care coordination model.[2]
  - Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to cover early childhood mental health screening, assessment, and treatment.[3]
  - Support payment for two-generational services, parent support services, and dyadic therapies.[4, 5]
  - Recognize Diagnostic Classification: Age 0–5 (DC:0-5) for reimbursing early childhood mental health services, including in-home services.[6]

- ✓ Capitalize on upcoming Quality Rating and Improvement System (QRIS) changes to ensure early childhood programs are supported, including funding, to:[7]
  - Use a relationship-based approach,
  - Ensure children and caregivers are screened and assessed at regular intervals,
  - Provide support and education to caregivers, not just the child,
  - Work on transition planning from day one, and
  - Maintain appropriate staffing ratios.

- ✓ Pilot a Pay-for-Success or Social Impact Bond Project to demonstrate and promote early childhood mental health service effectiveness

- ✓ Support early childhood best practices that align with research such as:
  - Focus on prevention[8], [9], [10],[11]
  - Address Adverse Childhood Experiences (ACEs) and sources of toxic stress[12]
  - Invest in family engagement strategies that value parents as experts in their children's development[13]
  - Promote comprehensive screening and early detection of developmental delays and link to referral, care coordination, and intervention.[14, 15, 16, 17, 18, 19]
  - Expand access to voluntary, effective home visiting programs and services for new and expectant parents that model relationship building, engage parents in learning, and refer for additional supports as needed.[20, 21, 22,23]
  - Support flexible work schedules for parents.[24]

- ✓ Support school-employed and community mental health providers in coordinating behavioral health supports by:
  - Supporting implementation of *Expanded School Mental Health* a foundation of traditional school mental health services through collaboration with other professionals and entities, resulting in an enhanced scope and depth of assistance and outcomes.
  - Supporting *Interconnected Systems Framework* which is based on the premise that a greater array of mental health supports for students and families can become available through school-based intervention systems involving genuine collaboration and mutual support among school and community providers.

- ✓ Continue to promote the education and implementation of trauma-informed practices across all child and family-serving sectors.
  - Identify specific ways to promote the education of trauma-informed practices to all child and family-serving sectors in Kansas.
  - Identify specific ways to support the implementation of trauma-informed practices across all child and family-serving sectors.
  - Request a presentation on West Virginia's "*Handle With Care Initiative*," which is aimed at ensuring that children, who are exposed to violence in their home, school or community, receive appropriate interventions to help them achieve academically at their highest levels, despite whatever traumatic circumstances they may have endured.

INTRODUCTION:

A 2013 Centers for Disease Control (CDC) report estimated that 1 in 5 children in the U.S. experience a mental health disorder annually.[25] Data for children and adolescents in Kansas reveal a similar trend. In Kansas, 16% of the children between ages 2 and 17, living with a parent, have a diagnosis of Autism, developmental delays, depression or anxiety, Attention-Deficit Disorder (ADD) / Attention-Deficit Hyperactivity Disorder (ADHD), or behavioral/conduct problems.[26] Approximately 58.2% of adolescents diagnosed with a major depressive episode, ages 12-17, did not receive treatment.[27]

Adverse Childhood Experiences (ACEs) in childhood are major risk factors for illness and a poor quality of life. The 2014 Kansas Behavioral Risk Factor Surveillance System, Adverse Childhood Experiences among Kansas adults found that 54.5% reported having experienced at least one ACE, and 1 in 5 Kansas adults reported having experienced three or more ACEs.[28] Research further indicates that ACEs can impede the ability of children and adolescents to succeed socially and academically. Students dealing with ACEs are two-and-one-half times more likely to fail a grade, score lower on standardized achievement test scores, have more receptive or expressive language difficulties, be suspended or expelled from school more often, and are designated to special education more frequently.[29]

Societal and community risk factors can impede child and adolescent mental health. In 2015, 17% of children lived in families with incomes below 100% of the U.S. poverty threshold.[30] In 2016, over 27% of Kansas youth were considered at risk, based on questions about community laws and norms regarding topics such as police intervention for underage drug and alcohol use; and 32.08% were considered at risk based on questions regarding community disorganization such as the presence of crime, drugs, fighting, and feelings of safety.[31] In 2013, 885 youth were residing in Juvenile Detention, Correctional and/or Residential Facilities. [32] In 2014, 2.5% of children placed in out-of-home care were placed because of truancy.[33] In 2016, over 34% of Kansas youth were at risk for academic failure, based on questions about their grades, and 42.12% were at risk for low

commitment to school, based on questions regarding course interest, perceived effort, and days missed.[34]

A recent report compiled by the Center for Children and Families at the University of Kansas, on behalf of the Kansas Department for Aging and Disability Services (KDADS), found that certain barriers exist in addressing these needs. Barriers identified include consistency in services, relationships with families, little mental health training, stigma, and access to services. 84% of educators agreed or strongly agreed that further professional development training is needed, including information on mental health disorders, behavioral management techniques, specialized skill training, positive behavioral supports, and trauma.[35] This report indicates the need for strong, cross-system collaboration between schools and community providers, to meet the needs of children and adolescents. Barrett, Eber & Weist have concluded the following:

> *Several epidemiological studies of children's mental health needs and services have led to the conclusion that, in this country, school is the de facto mental health system for children. This conclusion is based on the finding that for children, who do receive any type of mental health service, over 70% receive the service from their school. The finding further elucidates this situation, that 20% of children and youth have a clearly identified need for mental health service but only about one-third of these children receive any help at all.*[36]

2016–17 GOALS AND ACCOMPLISHMENTS:

Our subcommittee worked to identify specific, effective practices to facilitate collaboration, coordination and the use of evidence-based practices across all child and family-serving sectors, to address the behavioral and mental health needs of all children across the continuum of care statewide.

We also look for opportunities to champion and inform a Kansas children's Continuum of Care (CoC)/birth through school age service system consistent with our mission and vision:

- ✓ Identify overlap between the early/childhood groups our members serve.
- ✓ Invite presenters who provide opportunities for learning from these and other groups concerned with the CoC.

Our subcommittee address these goals by working in two areas *Early Childhood Mental Health (ECMH)* and *School Mental Health (SMH)*. We were also asked by the council to look into *trauma-informed practices* and *autism and dual diagnosis*. The remainder of the report is organized into these four sections, detailing the goals, accomplishments, and recommendations for that area of focus.

Early Childhood Mental Health (ECMH)

Over the past year, an early childhood work group worked on the following early childhood mental health (ECMH) Goals:

1. **Review research, both national and from other states for:**
   a. *Evidence-based state policies that we can recommend Kansas implement, and*
   b. *The most effective ECMH models, especially those that include family involvement and peer supports, which we can adopt as recommended practices in Kansas.*
2. **Draft and recommend a consistent definition of ECMH to guide best practices in Kansas.**
3. **Identify recommended qualifications, competencies, best practices, and professional development for Kansas ECMH professionals.**

First, the subcommittee must acknowledge that it was known, from the start of the year, given the volunteer nature of the subcommittee and the important work that each member does for each representative agency, this was an ambitious undertaking. Therefore, the subcommittee's work focused on Goal 1. Although the subcommittee made progress to inform Goals 2 and 3, the work was not sufficient to produce a final recommendation for this year's report. The recommendations below focus on evidence-based state policy and effective ECMH models:

State Policy Recommendations

Systemic Approach

It is clear, after spending a year completing research reviews, that, in order to thrive, children and adults need nurturing, supportive relationships, experiences and settings that foster development and learning, decent living conditions that provide economic stability, and protection from harm and toxic stress.

This is certainly a high aim, but a worthy and important one. Therefore, the subcommittee recommends that the state adopt and support a systemic approach in planning, which many refer to as a tiered system.[37], [38], [39], [40] When such an approach is adopted and supported, there is not a give and take in supporting prevention efforts to the detriment of intensive services or crisis services. Rather, there is an understanding of different approaches based on the population and the needs of the population in each "tier." The three tiers include:

- ✓ Preventative and Universal Supports and Interventions for everyone
- ✓ Targeted and Preventative Supports and Intervention for community, providers, staff, children and their families with identified needs and risks
- ✓ Intensive Supports and Intervention for children and their families who are in crisis or at risk

Support Coordinated State Data Systems

The State and programs for children and families need reliable and qualitative data to help inform decision making, program design, and program improvement. There are two policy recommendations that would help Kansas make progress towards a more coordinated state data system that would involve and inform ECMH programs over time:

- ✓ Support the provision of a unique statewide child identifier
- ✓ Link child-level early childhood data with K-12 and other data systems.[41]

For example, providing the funding and process to support early childhood programs in getting a Kansas Individual Data on Student system unique identifier for the children they serve would allow early childhood program data and K-12 data to be combined to identify the impact of services on a child or group of students over time.

Recommendations to Capitalize on Upcoming Opportunities

The subcommittee does not know all the changes that Kansas will experience as a result of federal policy changes over the next year. However, the subcommittee does know that there are changes on the horizon for Kansas, including a Request for Proposal (RFP) for new Managed Care Organization (MCO) contracts for KanCare (aka KanCare 2.0). The subcommittee also knows that, due to implementation of new regulations and other changes in the Child Care and Development Block Grant, there are opportunities for systemic changes and coordination at the national and state levels, especially around implementation and support of a Kansas Quality Rating and Improvement System (QRIS).

The following policy recommendations are organized according to these two known opportunities:

MCO RFP

- ✓ Maximize and provide flexible funding to:
  - Develop and fund robust infrastructure to support a statewide screening, referral and care coordination model.[42]
  - Increase access to ECMH services and financing: Advocate for language in state Medicaid and behavioral health plans to cover ECMH screening, assessment, and treatment.[43]
  - Support payment for two-generational services, parent support services, and dyadic therapies.[44, 45]
  - Recognize Diagnostic Classification for Ages 0-5 (DC:0–5) for reimbursing ECMH services, including in-home services. (Wisconsin)[46]

Quality Rating and Improvement System (QRIS)

- ✓ Ensure early childhood programs are supported, including funding, through QRIS to:[47]
  - Use a relationship-based approach,

- Ensure children and caregivers are screened and assessed at regular intervals,
- Provide support and education to caregivers, not just the child,
- Work on transition planning from day one, and
- Maintain appropriate staffing ratios.

✓ Ensure coordination with various other programs (maternal child health, child welfare, home visiting, and Individuals with Disabilities Education Act Part C early intervention initiatives) to promote the cross-cutting nature of ECMH: Create a state strategic plan to infuse ECMH into behavioral health.[48]

Effective ECMH Model Recommendations

Pilot a Pay-for-Success or Social Impact Bond Project

Consider supporting evidence-based early childhood pilot projects. An example is Utah's Early Childhood Programing, a collective impact partnership and one of America's first pay-for-success (PFS) contracts, otherwise known as a social impact bond (SIB). The plan called for United Way of Salt Lake to work with area partners, including Strive Together, to expand high quality preschool opportunities in high-need communities, and for Goldman Sachs and J.B. Pritzker to provide $7 million in up-front funding to pay for the program. If the children who had been identified as potentially eligible for government-funded special education (beginning in kindergarten and often lasting through high school) were able to avoid needing those services, then, ultimately, the state of Utah would pay investors their principal plus a financial return. The initiative has been a resounding success. Of the 595 low-income three and four year old children, who attended the SIB-financed preschool programs in the 2013-14 school year, 110 of the four-year-olds had been previously identified as likely to use special education in grade school. Of those 110 students, however, only one went on to use special education services in kindergarten. With fewer children requiring special education services and remedial services, school districts and government entities saved $281,550 in a single year (based on a state resource special education add-on of $2,607 per child).[49]

If Kansas provides support for ECMH services, the research indicates that the following are best practices that should be considered:

✓ Focus on prevention[50, 51, 52, 53]
✓ Address Adverse Childhood Experiences (ACEs) and sources of toxic stress[54]
✓ Invest in family engagement strategies that value parents as experts in their children's development[55]
✓ Promote comprehensive screening and early detection of developmental delays and link to referral, care coordination, and intervention.[56, 57, 58, 59, 60, 61]

- ✓ Expand access to voluntary, effective home visiting programs and services for new and expectant parents that model relationship building, engage parents in learning, and refer for additional supports as needed.[62, 63, 64,65]
- ✓ Support flexible work schedules for parents.[66]

School Mental Health (SMH)

1. **Establish working definitions and identify research informed SMH models and practices to guide best practices in Kansas.**
2. **Examine the necessary qualifications of both community and school-employed mental health professionals and support personnel serving children in schools.**
3. **Enhance the capacity of behavioral and mental health staff serving children and their families along a continuum of care.**
4. **Implement best practices for transition-age children with behavioral and mental health needs.**

Access to school mental health services cannot be sporadic or disconnected from the learning process. Traditional school mental health services have sought to tackle the complex needs of students and families by providing assistance, based on varied school and community resources. While this assistance may be strong in nature, limitations can also arise due to finite resources, high caseloads, and varying practitioner knowledge. Currently, there is no consistent structure or process in place across Kansas for community and school mental health professionals to effectively collaborate around the provision of comprehensive, multi-tiered services and supports for children, adolescents, and families.

School social workers, psychologists, and counselors are specially trained in the interconnectivity among school law, school system functioning, learning, mental health, and family systems. This training ensures that mental health services are properly and effectively infused into the learning environment, supporting both instructional leaders and teachers' abilities to provide a safe school setting and the optimum conditions for teaching and learning. No other professionals have this unique training background. School-employed mental health professionals may deliver similar services such as counseling, social–emotional skill instruction, and consultation with families and teachers; however, each profession has its own unique focus based upon its specializations, which result in different, albeit interrelated, services.[67] While there are variations across the background and skillsets of school counselors, psychologists, and social workers, best practice requires that they: 1) hold a master's degree, 2) have taken coursework specific to practicing in a school setting, and 3) have completed a supervised, school-based practicum.

Community-employed mental health providers vary in their level of experience and training related to schools. In general, their work focuses on a student's global mental health and how it impacts family, community, work, and school functioning. Depending on agreements between a community agency and a school, community-employed mental health providers may or may not be based in a school setting. Community mental health providers that interact most often with school professionals are those providing one of the following services:

- ✓ Targeted Case Management – Have at least a bachelor's degree or be equivalently qualified by work experience.
- ✓ Community Psychiatric Support and Treatment – Bachelor's degree or four years of equivalent education and/or experience working in the human services field.
- ✓ Psychosocial Rehabilitation – Must be at least 18 years old, and have a high school diploma or equivalent. Additionally, the provider must be at least three years older than a client under the age of 18.
- ✓ Attendant Care – Must have a high school diploma or equivalent. Must be 18 years of age and at least 3 years older than youth. Completion of state-approved training. Pass background check.

It is imperative for all school-employed and community mental health leaders to systematically coordinate a cohesive, integrated continuum of supports to meet the needs of children, adolescents, and families in a timely and seamless manner. The children's subcommittee recommends that this be accomplished through expanded school mental health in the following ways:

- ✓ Expanded School Mental Health

  Expanded School Mental Health (ESMH) builds upon a foundation of traditional school mental health services through collaboration with other professionals and entities, resulting in an enhanced scope and depth of assistance and outcomes. ESMH seeks to bridge the divide that can occur between schools and community service providers in an effort to fully support student mental health. This collaboration can benefit both systems while providing students and their families with comprehensive care and assistance. Schools may receive the benefit of added programing, resources (financial or otherwise), and collaboration with professionals from other disciplines. Community providers are, in turn, able to expand their reach and connect with students and staff in the setting where they spend a large portion of their day. (Weist, Ambrose, and Lewis, 2006.)

- ✓ Interconnected Systems Framework

  The Interconnected Systems Framework (ISF) concept is based on the premise that a greater array of mental health supports for students and families can become available through school-based intervention systems involving genuine collaboration and

mutual support among school and community providers. The ISF outlines a helpful process for aligning the efforts of school and community mental health partners, within a multi-tiered teaming structure, to actively review data and coordinate the implementation, fidelity, progress and monitoring of supports at multiple levels of intensity. For more information about the ISF, see: http://www.pbis.org/common/cms/files/Current Topics/Final-Monograph.pdf

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Trauma Informed Care

Continue to promote the education and implementation of trauma-informed practices across all child and family-serving sectors.

1. **Identify specific ways to promote the *education* of trauma-informed practices to all child and family-serving sectors in Kansas.**
2. **Identify specific ways to support the *implementation* of trauma-informed practices across all child and family-serving sectors.**

The Kansas Assessment Permanency Project (KAPP), a 5 year project, is a public-private-university partnership between the University of Kansas School of Social Welfare, the Kansas Department for Children and Families (DCF), the Kansas Department for Aging and Disability Services (KDADS) and the state's two contracted providers of foster care and intensive in-home services, KVC Kansas and St. Francis Community Services (SFCS). The project is in its 4th year, which began 10/1/16. The purpose of the project is to improve outcomes for children with trauma and mental health/behavioral health needs for the target population of children and families involved in the child welfare system. This includes children in foster care/out of home placements, as well as families receiving Family Preservation Services who are at risk of having a child placed out of the home.

KVC and SFCS have trained child welfare staff, across the state, in the use of the Trauma Systems Therapy (TST) model (Saxe, Ellis, and Brown 2016) and universal trauma screening and functional assessment, to guide case planning with the child and family. In addition, workgroups comprised of DCF staff and provider staff have revised the Child Case Plan and are currently revising the Family Case Plan, to make these plans more family friendly and promote family involvement. The case plans will be electronic and will utilize the results of the assessments completed with the child and family to develop the goals and activities of the case plan with the family. This project is being evaluated for effectiveness and efficiency by the University of Kansas team of professionals involved in the project, to inform the continued use of this model in the Kansas child welfare system.

KSDE School Mental Health (SMH) Framework: School Mental Health is a comprehensive, multi-tier system of supports, practices, and services that are integrated throughout the

school community to enhance the social, emotional, behavioral, mental health, and academic outcomes for children and youth. SMH practices address all aspects of the social, emotional, and character development of children and adolescents including mental and behavioral health, trauma and adverse childhood experiences, such as physical and sexual abuse, bullying, and substance abuse:

- ✓ universal strategies to promote the well-being and development of all students;
- ✓ selected, brief strategies to support students at risk of or with mild challenges;
- ✓ intensive, ongoing strategies to support those with significant needs.

3. **Request a presentation on West Virginia's "Handle With Care Initiative," which is aimed at ensuring that children, who are exposed to violence in their home, school or community, receive appropriate interventions to help them achieve academically at their highest levels, despite whatever traumatic circumstances they may have endured.**

   Developed with guidance and technical assistance from the Massachusetts Advocates for Children: Trauma and Learning Policy Initiative, in collaboration with Harvard Law School and the Task Force on Children Affected by Domestic Violence, the goal of the West Virginia Defending Childhood Initiative, commonly referred to as "Handle With Care," (HWC) is to prevent children's exposure to trauma and violence, mitigate negative affects experienced by children's exposure to trauma, and to increase knowledge and awareness of this issue and ultimately help students succeed in school. Regardless of the source of trauma, the common thread for effective intervention is the school. Research now shows that trauma can undermine a child's ability to learn, form relationships, and function appropriately in the classroom. HWC programs support children exposed to trauma and violence, through improved communication and collaboration between law enforcement, schools and mental health providers, and connects families, schools and communities to mental health services.

   - ✓ Law Enforcement:
     "Handle with Care" provides the school with a "heads up" when a child has been identified at the scene of a traumatic event. It could be a meth lab explosion, a domestic violence situation, a shooting in the neighborhood, witnessing a malicious wounding, a drug raid at the home, etc. Police are trained to identify children at the scene, find out where they go to school and send the school a confidential email or fax that simply says . . . "Handle Johnny with care". That's it. No other details.

     In addition to providing notice, officers also build positive relationships with students by interacting on a regular basis. They visit classrooms, stop by for lunch, and simply chat with students to help promote positive relationships and perceptions of officers.

- ✓ Schools:

  Teachers have been trained on the impact of trauma on learning and are incorporating many interventions to mitigate the negative impact of trauma for identified students, including: sending students to the clinic to rest (when a HWC [notice] has been received and the child is having trouble staying awake or focusing); re-teaching lessons; postponing testing; small group counseling by school counselors; and referrals to counseling, social service or advocacy programs. The school has also implemented many school-wide interventions to help create a trauma-sensitive school (Greeters; pairing students with an adult mentor in the school; utilization of a therapy dog; and "thumbs up/thumbs down" to indicate if a student is having a good day or a bad day).

- ✓ Counseling:

  When identified students exhibit continued behavioral or emotional problems in the classroom, the counselor or principal refers the parent to a counseling agency which provides trauma-focused therapy. Once the counseling agency has received a referral and parental consent, students can receive on-site counseling.

  The counseling is provided to children and families at times which are least disruptive for the student. The counselors also participate in meetings deemed necessary by school personnel and as authorized by the child's parent or guardian. Counselors provide assessments of the child's need, psychological testing, treatment recommendations, accommodation recommendations, and status updates to key school personnel as authorized by the child's parent or guardian.

Initially, HWC experienced hurdles. But to date, 527 notices have been provided involving 959 children. School interventions are enough to help 90% of the identified children, but for others, on-site counseling is needed. Approximately 10% or 130 children are now receiving or have received vital counseling services on-site at school. Additionally, the relationships between education and Law Enforcement have been greatly improved. The notices became an invitation for collaboration. Law Enforcement routinely call and interact with the schools. Teachers were better able to address issues in the classroom. Mental Health providers were able to see children interacting in their school environments. Child Protective Services is often given courtesy HWC notices just to keep them in the loop. Handle With Care became a magnet to assist agencies in working together, building community trust and, most importantly, helping children who are struggling with the effects of trauma.

http://www.handlewithcarewv.org/handle-with-care.php

Research Autism and Dual Diagnosis

1. **Identify service providers.**
2. **Gain a better understanding of what services for these populations looks like.**
3. **Request presenters and information to inform recommendations.**

We invited presentations from Sarah Berens, TASN ATBS Family Services and Training Coordinator. From this presentation and other information we identified the following:

- ✓ Autism is becoming a bigger issue in service provision to children due to advances in the profession that allow us to be able to more accurately diagnose children and being able to screen for Autism Spectrum Disorder (ASD) at an earlier age. In addition, Kansas has recently opened up the Autism Waiver to include all children under the age of 18 when previously they only served younger children to age 8.
- ✓ Children with ASD have a higher rate of mental health disorders including ADHD, anxiety and depression. Over two-thirds of children diagnosed with ASD have also been diagnosed with other mental health diagnoses.
- ✓ ASD is a developmental disorder that effects communication, behavior, motor coordination and physical health. Signs and symptoms begin emerging as early as 2 to 3 years of age.
- ✓ There is a lack of screening resources in Kansas with families waiting months to get into the existing clinics.
- ✓ Interventions such as Applied Behavior Analysis and the Early Start Denver Model have been identified as effective. However, there is a lack of adequate service providers in the state. Efforts are being made to train other providers but few are trained and available to provide these service models.
- ✓ Developmental interventions in the form of speech and occupational therapy must go hand in hand with other treatment approaches.

Summary:
Our hope is that every child identified with Autism Spectrum Disorder would have timely, accessible and interdisciplinary diagnostic and treatment options. Furthermore, Kansas would have well-trained and informed service delivery teams across the state. It is also very important to provide supports to the family that are caring for these children that can sometimes present many challenges. We hope that every child identified with ASD would have access to the services and supports they need to reach their full potential.

2017-2018 GOALS:

The Children's Subcommittee has identified the following goals to pursue during the 2017-2018 year. In pursuing these goals, we need to ensure that we consider substance use services and treatment as this has been missing from our past work.

1. **Identify a process for our subcommittee to link/communicate well with other subcommittees**
2. **Make recommendations regarding caregiver, parent & family engagement in navigating behavioral health systems**
3. **Explore the purpose of the Kansas Children's Continuum of Care**
4. **Identify/describe what data elements we want in an integrated data system**

APPENDICES: Children's Subcommittee Charter

GBHSPC
CHILDREN'S SUBCOMMITTEE
CHARTER

GBHSPC Subcommittee Charter	
Subcommittee Name:	Childrens Subcommittee
Context:	The Children's Subcommittee generates recommendations for the GBHSPC regarding the behavioral health system of Kansas as it relates to Kansas children and their families. The GBHSPC reviews not just this subcommittees recommendations but other existing subcommittees and presents all Behavioral Health recommendations to the Secretary of KDADS and the governor. It is acknowledged that although the priority focus of the GBHSPC are the SPMI and SED target populations (Federal law 102-321), the work of the subcommittee is to be conducted with the whole system and all Kansas citizens with behavioral health needs in mind.
Purpose:	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), substance use treatment providers other children's service systems and collaboration between systems of care such as Psychiatric Residential Treatment Facilities (PRTF), hospitals, juvenile justice services and schools. We: ▪ Identify strengths and needs. ▪ Make informed recommendations. ▪ Use subcommittee member networks to address identified needs and influence change.
Vision:	That all Kansas children and their families will have access to essential, high-quality behavioral health services that are strengths-based, developmentally appropriate, and culturally competent.
Mission:	To promote interconnected systems of care that provide an integrated continuum of person- and family-centered services, reflective of the Children's Subcommittee vision and values: ▪ *Interconnected Systems* *The integration of Positive Behavioral Interventions and Supports and School Mental Health within school systems to blend resources, training, systems, data, and practices in order to improve outcomes for all children and youth.*[i]

- <u>*Systems of Care*</u>
  A spectrum of effective, community-based services and supports that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses cultural and linguistic needs to enhance functioning at home, in school, in the community, and throughout life.[ii]

- <u>*Integrated Services*</u>
  Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.[iii]

- <u>*Continuum of Care*</u>
  - ✓ *Across the Lifespan – From birth to age 22.*
  - ✓ *Across Levels of Intensity – Preventative (Tier 1), targeted (Tier 2), intensive (Tier 3).*

- <u>*Person & Family-Centered Planning*</u>
  A collaborative process where care recipients participate in the development of treatment goals and services provided, to the greatest extent possible. Person- and family-centered treatment planning is care planning that is strength-based and focuses on individual capacities, preferences, and goals. Individuals and families are core participants in the development of the plans and goals of treatment.[iv]

Intensive supports/intervention:
for children and their families who are in crisis or at risk
"Individual"

Targeted & Preventative supports/intervention:
for commuity, providers, staff, children and their families, etc. with identified needs, risks, etc.
"Targeted Individuals & groups"

Preventative & Universal Supports/Intervention:
for everyone (state, community, agency, school, etc.)
"Statewide-Communitywide-Agencywide-School Wide"

Values:	The Children's Subcommittee will use the following values to guide their purpose: ▪ Use data from multiple sources to ensure an accurate picture of the target population ▪ Promote person and family-centered planning ▪ Ensure all recommendations are supported by evidence ▪ Maintain collaborative and inclusive networks ▪ Listen and respect the voices of those we serve

GBHSPC Approval	
Name	**Signature**
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Charter Effective Date: 05/08/2017

[i] http://www.midwestpbis.org/materials/interconnected-systems-framework-isf
[ii] https://gucchdtacenter.georgetown.edu/publications/SOC%20ExpansionStrategies%20Issue%20Brief%20%20FINAL.pdf
[iii] http://www.integration.samhsa.gov/about-us/what-is-integrated-care
[iv] https://www.samhsa.gov/section-223/care-coordination/person-family-centered

APPENDICES: Kansas Department of Education's School Mental Health Framework

FOUNDATION

Integrating School Mental Health within Multi-Tier System of Supports:

1. Strong Universal Implementation
2. Integrated Leadership Teams
3. Youth-Family-School-Community Collaboration at all Levels
4. Culturally Responsive Evidence Based Practices
5. Data-Based Continuous Improvement
6. Positive School Culture & Climate
7. Staff Mental Health Attitudes, Competencies & Wellness
8. Systemic Professional Development & Implementation
9. Confidentiality & Mental Health Promotion Policies
10. Continuum of Supports

In Partnership with the Kansas State Department of Education and TASN ATBS School Mental Health Initiative

Adapted from Wisconsin Department of Public Instruction. *The Wisconsin School Mental Health Framework: Integrating School Mental Health with Positive Behavioral Interventions & Support*. December 2015.

KANSAS SCHOOL MENTAL HEALTH FRAMEWORK

School mental health (SMH) refers to a comprehensive, multi-tier system of supports, practices, and services that are integrated throughout the school community to enhance the social, emotional, behavioral, mental health, and academic outcomes for children and youth. SMH practices address all aspects of the social, emotional, and character development of children and adolescents including mental and behavioral health, trauma and adverse childhood experiences, such as physical and sexual abuse, bullying, and substance abuse: universal strategies to promote the well-being and development of all students; selected, brief strategies to support students at risk of or with mild challenges; intensive, ongoing strategies to support those with significant needs.

Data Indicating Need

- Adverse Childhood Experiences Among Kansas Adults: 2014-2015 Kansas Behavioral Risk Factor Surveillance System
- Healthy Children, Healthy Schools, Healthy Communities: Final Report on School-Based Mental Health (Kansas Statewide Survey Data)
- Kansas Behavioral Health Profile
- Kansas Children Future Tour
- Kansas Communities That Care
- Kansas Kids Count Data
- The Governor's Task Force on Mental Health

Aligns with Priorities, Initiatives, Structures, and Supports

- Kansans CAN
- Kansas Social Emotional and Character Development Standards
- Kansas MTSS Integrated Framework
- Kansas Learning Network
- Kansas College & Career Competency Framework
- Governor's Behavioral Health Services Planning Council, Children's Subcommittee
- Mandatory abuse reporting requirements, codes of ethics, and licensing requirements for school-employed professionals

Will Address Current and Pending School Legislation

- (Pending) 2017 HB 2048 (Erin's Law)
- 2016 SB 323 (Jason Flatt Act)
- 2016 SB 367 (Juvenile Justice)
- K.S.A. 72-8256 (Bullying)
- Every Student Succeeds Act
- Positive Behavioral Intervention and Supports (IDEA)

Objectives

- Strengthen the capacity and sustainability of effective Early Childhood Mental Health Consultation (ECMHC) and School-Based Mental Health (SBMH) practices: Promote a comprehensive understanding of effective ECMHC and SBMH practices; promote the training and hiring of qualified ECMHCs & SBMH professionals; provide ongoing professional development opportunities specific to ECMHC and SMH.
- Promote the development of multi-tiered, cross-system infrastructures to comprehensively support children and youth impacted by trauma and/or who are at risk for mental illness.
- Develop a *Kansas School Mental Health Framework, Practices Protocol, and Resource Guide* to aid school communities in building and strengthening SMH systems, supports, services and practices.
- Identify and/or develop training and resources to effectively support the implementation of SMH systems, supports, practices, and services on an ongoing basis.

Resources

KSDE Social Emotional and Character Development: http://www.ksde.org/Agency/Division-of-Learning-Services/Career-Standards-and-Assessment-Services/Content-Area-M-Z/School-Counseling/Social-Emotional-and-Character-Development
TASN ATBS School Mental Health Initiative: https://ksdetasn.org/smhi

Updated 2017.06.08

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