
**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

Children's Subcommittee Vision

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

Children's Subcommittee 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.

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A. Guiding Principles of Trauma-Informed Care.

B. Examples of child and family-serving agencies and organizations moving toward trauma-informed practices in Kansas.

**Available upon request:*

- *Presentations provided to the GBHSPC, Children's Subcommittee*
- *Summary of Early Childhood Social-Emotional Development/Mental Health Information*
- *TASN MTSS summary of Frameworks for Early Childhood Mental Health Services*

INTRODUCTION

Much of the work addressing the behavioral and emotional health of Kansas children and families has been focused on implementing an effective continuum of care which requires collaboration between all systems of care. A continuum of care is characterized as a family-centered network that guides and tracks children of all ages over time through a comprehensive array of behavioral and mental health services spanning all levels and intensity of care. Juvenile justice, child welfare, community mental health centers, psychiatric residential treatment facilities (PRTF), schools, and other service providers are all too familiar with the difficult situations faced by children and youth.

BACKGROUND OF THE GBHSPC, CHILDREN'S SUBCOMMITTEE

The Governor's Behavioral Health Services Planning Council, Children's Subcommittee was established in 2004 to examine the array (continuum of care) of behavioral and mental health services available to children and families to provide recommendations for improving them. Activities include identifying areas of need, promoting the education of evidenced-based practices, and enhancing collaboration across the multiple sectors that serve children.

2015-2016 GOALS AND ACCOMPLISHMENTS

- 1. Develop recommendations to facilitate effective collaboration, communication, and coordination between community mental health centers, schools, families, and out-of-home placement providers to address trauma exposure among students.**
 - a. Behavioral Health Fact Sheets: Create or identify appropriate resources for a state tool kit. This will provide strategies for teachers and school administrators to support children experiencing mental health as well as behavioral health needs.**

The Children's Subcommittee shared this recommendation with educational leaders at the Kansas State Department of Education (KSDE) and the Technical Assistance System Network (TASN) in the spring of 2015. KSDE and TASN responded with their support by allowing for the development of a School Mental Health Initiative (SMHI) within the TASN Autism and Tertiary Behavior Supports (ATBS) project. Team members on this initiative are collaborating with stakeholders to develop a resource that aims to satisfy this recommendation.

- b. Trauma Informed Care: Promote information and training available to schools, CMHC's, parents and other service providers to address children for whom behavioral practices alone do not work.**

The Children’s Subcommittee identified several trauma-informed models that are being utilized across child and family-serving sectors at both national and state levels. The Subcommittee discussed key elements of trauma-informed models and noted that models selected for use should reflect the Guiding Principles of Trauma-Informed Care¹ identified by the Substance Abuse and Mental Health Services Administration (SAMHSA):

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

c. Evidence Informed/Promising Practices: Identify and recruit speakers to provide presentations and resources of current behavioral health practices.

Presentations provided to the Children’s Subcommittee include:

1. Kansas Initiative for Developmental Ongoing Screening (KIDOS)
2. Neurosequential Model of Therapy (NME)
3. Trauma Systems Therapy (TST)
4. Kids for Keeps

2. Develop recommendations to advance prevention and early intervention (birth to school-age) to enhance social/emotional development and promote school readiness.

A report provided by Erick Vaughn, Executive Director for the Kansas Head Start Association, noted there are several policies, practices, and services that have been effective at impacting the early social and emotional wellness of young children and their families. These include, for example, well-child visits in primary care and Assuring Better Child Health and Development (ABCD) initiatives, etc. The report concludes that:

1. No two states are implementing ECMH systems in the same way. Rather than looking at any one state as the model to replicate, Kansas must look at various states, national research and policies to guide best practices.

¹ S. (n.d.). Guiding Principles of Trauma-Informed Care. Retrieved March 18, 2016, from http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html

2. The implementation of systematic state funding for early childhood mental health services and supports in Kansas is key to making a positive impact. In other words, systemic funding is needed to make preventative and early interventions services available to families and other caregivers and professionals working with young children to optimally support their social and emotional development.

3. At the request of the Main Council, the Children’s Subcommittee looked at the need to address Fetal Alcohol Spectrum Disorder (FASD).

The Children’s Subcommittee invited Wes Jones to give a presentation on FASD and requested that information on FASD be included in the school mental health resource being developed by the TASN ATBS SMHI.

RECOMMENDATIONS

Based on the information gathered during 2015-2016, the Children’s Subcommittee submits the following recommendations:

1. Identify how we can encourage the implementation of evidence-based, trauma-informed models and practices across all child and family-serving sectors that build on the Guiding Principles of Trauma-Informed Care identified by the Substance Abuse and Mental Health Services Administration.
2. Promote effective collaboration and coordination along a continuum of care across all child and family serving sectors (including community mental health centers, schools, families, and out-of-home placement providers) to address the behavioral and mental health needs of children.
3. Fund the provision of children’s mental health services and supports along a continuum of care, beginning in early childhood.
4. Examine the effectiveness of models and practices utilized in other states and refer to national research and policies for guidance on improving these services in Kansas.
5. Consider whether it would be beneficial for Kansas to develop an integrated database that houses behavioral and mental health data to inform needs and recommendations.

2016-2017 GOALS

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.

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.

<p>✓ Invite presentations and opportunities for learning from these and other groups concerned with the CoC.</p>	
<p>Early Childhood Mental Health (ECMH)</p>	<ol style="list-style-type: none"> 1. Review research from national and other states for: <ol style="list-style-type: none"> 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 to support in Kansas. 2. Draft and recommend a consistent definition of ECMH to guide best practices in Kansas. 3. Explore identifying recommended qualifications, competencies, best practices, and professional development for Kansas ECMH professionals.
<p>School Mental Health (SMH)</p>	<ol style="list-style-type: none"> 1. Establish working definitions and identify evidence-based 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.
<p>Continue to promote the education and implementation of trauma-informed practices across all child and family-serving sectors.</p>	
<ol style="list-style-type: none"> 1. Identify specific ways to promote the <i>education</i> of trauma-informed practices to all child and family-serving sectors in Kansas. 2. Identify specific ways to support the <i>implementation</i> of trauma-informed practices across all child and family-serving sectors. 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. 	
<p>Research Autism and Dual Diagnosis.</p>	
<ol style="list-style-type: none"> 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. 	

SUMMARY

Agencies and organizations serving children and families should be implementing trauma-informed practices that reflect the Guiding Principles of Trauma-Informed Care outlined by SAMHSA. As progress is made on educating child and family-serving sectors around this need, it will become necessary to consider the ways the state can support implementation of these practices to sustain them and produce observable, long long-term change.

A continuum of care across all child and family service providers is necessary to provide quality behavioral and mental health services which are comprehensive and cohesive. To improve systematic collaboration and coordination across child and family-serving sectors within a community, it may be necessary for the state to provide a mechanism (time, flexibility, funding, training, tools, etc.) for agencies and organizations to engage in this work.

The importance of early prevention cannot be overemphasized. Kansas must evaluate the effectiveness of ECMH models and practices being used in other states and conduct a review of national research and policies for guidance on how to continue to improve the reach, impact, and access to these services in Kansas. Consistent, reliable funding for early childhood mental health services and supports is necessary if the state is to make gains in this area.

As Kansas moves forward in identifying the best way to support all children and families across the Continuum of Care, the current means for accessing and evaluating mental and behavioral health data should be considered. There is currently no integrated data base where this data is housed which proves to be a challenge when attempting to identify needs and interventions.

GBHSPC, CHILDREN'S SUBCOMMITTEE MEMBERS

Amy Mendenhall, *University of Kansas School of Social Welfare*

Candace Moten, *Family Preservation Services Program Manager, Kansas Department for Children and Families*

Chelle Kemper, *Secretary, Kansas State Department of Education*

Cherie Blanchat, *Chair, LSCSW, Systems Coordinator, TANS ATBS School Mental Health Initiative*

Dave Barnum, *Vice-Chair (resigned), The Guidance Center*

Elizabeth Guhman, Ph.D., *Vice President Clinical Services at Prairie View, Inc.*

Erick Vaughn, LMSW, *Kansas Head Start Association*

Jane Adams, Ph.D., *Executive Director, Keys for Networking, Governor's BH Services Planning Council*

Jeff Butrick, *Kansas Department of Corrections-Juvenile Services*

Julie Ward, LSCSW, *Topeka Public Schools, Department of School Social Work*

Kathy Brown, *Parent Representative*

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APPENDICES

Appendix A: SAMHSA’s Guiding Principles of Trauma-Informed Care

Safety: Throughout the organization, staff and the people they serve feel physically and psychologically safe.

Trustworthiness and transparency: Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among staff, clients, and family members of those receiving services.

Peer support and mutual self-help: These are integral to the organizational and service delivery approach and are understood as a key vehicle for building trust, establishing safety, and empowerment.

Collaboration and mutuality: There is true partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach. One does not have to be a therapist to be therapeutic.

Empowerment, voice, and choice: Throughout the organization and among the clients served, individuals’ strengths are recognized, built on, and validated and new skills developed as necessary. The organization aims to strengthen the staff’s, clients’, and family members’ experience of choice and recognize that every person’s experience is unique and requires an individualized approach. This includes a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. This builds on what clients, staff, and communities have to offer, rather than responding to perceived deficits.

Cultural, historical, and gender issues: The organization actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Appendix B: Examples of child and family-serving agencies and organizations moving toward trauma-informed practices in Kansas

- Kansas Department for Aging and Disability Services (KDADS): Behavioral Health Services (BHS) Commission

On November 23rd, 2015 the Behavioral Health Services Commissioner provided the following guidance to BHS employees:

As we move forward with our efforts to support the health, safety and well-being of our state's residents, it is important to recognize that many of the people we serve, as well as those with whom we work, have been affected by trauma. People who have experienced the trauma of abuse, neglect, and other forms of harm often face greater challenges in achieving health and wellness, feeling safe, and thriving.

In recognizing the impact that trauma has in overall wellness, the KDADS Behavioral Health Services (BHS), is moving toward a "trauma-informed" model in our philosophy, approach and methods. In order for BHS to become a fully trauma-informed organization, each employee must have an understanding of how trauma can affect individuals, families, groups and communities. Being trauma-informed is a way to more effectively engage with all people we serve, with all staff, and with those we encounter when conducting business and providing services. It will improve how we respond to the needs of those whose lives have been impacted by trauma and encourage stronger coordination of care to promote wellness.

Our Adult Consumer Affairs Coordinator, in conjunction with the Community Engagement Institute at Wichita State University, is leading efforts to help BHS move toward a high-level trauma-informed system. BHS will work with CCSR to conduct a series of trainings and an assessment of our trauma-informed competencies, resulting in a set of recommendations that we will begin to implement. This work will help us to build a better service delivery system. It will facilitate positive, healthy choices by staff and clients and aid in the pursuit of policies and environmental changes that support health and safety.

Finally, it will help us to continue to improve our culture from within State government. I ask for your support and active participation as we move forward with training, assessment, and implementation of trauma-informed strategies across our various divisions and with other stakeholders and service partners. As a BHS employee, you are an important part of the trauma-informed service delivery system we are developing. Thank you for your time and effort in being stewards of change and assuring the highest quality of care for our staff and the people we serve.

- Kansas Department of Corrections Juvenile Services

Starting in fiscal year 2015 the Kansas Department of Corrections Juvenile Services placed focus on providing training and obtaining trained trainers in the Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ). MHTC-JJ training will be provided to juvenile justice system practitioners such as: residential providers, foster care providers, supervision officers, juvenile intake and assessment and Juvenile Correctional Facility (JCF) staff. Prior to the start of calendar year 2016 there have been almost 300 juvenile justice practitioners trained and over 40 practitioners trained as trainers. Starting in calendar year 2016 there will be approximately 15 regionalized trainings for staff that have not had the initial MHTC-JJ training to obtain full saturation. In calendar year 2017 annual trainings will be offered to catch any new practitioners to the system. The 8 core principles of MHTC-JJ are:

1. Introduction
2. Understanding adolescent development
3. MH and substance use disorders
4. Child trauma
5. Family engagement
6. Working with youth – what you can do
7. Treatment of youth with MH disorders
8. Taking care of you

- Family Service and Guidance Center (Topeka)

Family Service and Guidance Center has worked with the National Council on Behavioral Healthcare to become a trauma informed community. This is not a treatment approach but rather a philosophy of how to set up an environment that is trauma sensitive in every way: the physical environment, all staff trained and informed, all practices reviewed to ensure sensitivity to trauma. We have established a trauma community committee and this is an ongoing process of review and improvement.

- Topeka Public Schools

In the spring of 2015, the assistant superintendent of Topeka Public Schools assembled a district-level Mental Health Team to investigate evidence-based practices to address the behavioral and mental health needs of TPS students. It became increasingly apparent to team members that addressing the impact of trauma on our students needed to be a top priority. Since that time, TPS has continued down the trauma-informed path. Some activities include:

- ✓ Screening of “Paper Tigers” (documentary produced by James Redford chronicling the trauma-informed journey of Jim Sporleder, principal of Lincoln High School in Walla Walla Washington) to all district staff in August 2015.
- ✓ Presentation to entire district staff by Steve Graner, Fellow of ChildTrauma Academy, Houston, TX, and Project Director of the Neurosequential Model in Education (NME).
- ✓ Staff Book Study in numerous TPS schools based on The Boy Who Was Raised As a Dog by Dr. Bruce Perry;
- ✓ Continued professional development for staff and administrators regarding the impact of early trauma on brain development and the resulting cognitive, emotional and social issues that students exhibit in a school setting;
- ✓ Building-level implementation of Trauma-Informed practices based on unique needs of students in specific schools.

- University of Kansas School of Social Welfare Center for Children & Families Trauma-related Work

The Center for Children & Families current has three projects that focus on trauma as a key component of the work:

- ✓ Kansas Assessment Permanency Project (KAPP): KAPP is addressing trauma by implementing new trauma screening tools for children in foster care. Case managers will use the information gathered from trauma screenings to develop case plans that are responsive to children’s trauma and behavioral health needs. These data will also be aggregated for statewide, system level analysis of trauma and behavioral health needs of children in foster care.
- ✓ A project with Crittenton Children’s Center to collaborate with their program administrators, practitioners, and evaluators in developing a manuscript to disseminate information on Trauma Smart, an innovative trauma prevention/intervention initiative.
- ✓ Toxic Stress in Early Childhood: developing and testing strategies for screening to identify children experiencing environmental risk before behavioral issues begin to emerge and facilitating scale-up and testing of a brief intervention that aims to strengthen caregiver sensitivity and attachment to promote child coping and resilience against adversity.

▪ Wichita State University – Training & Technology Team (T3)

Interactive Community Event (ICE): A module is included in the live training event for Community Mental Health Center staff. It is aimed at highlighting and reminding the participants of the importance of the trauma-informed approach, and really focuses on SAMHSA’s 6 Key Principles:

1. Safety
2. Trustworthiness & Transparency
3. Peer Support & Mutual Self-Help
4. Collaboration & Mutuality
5. Empowerment, Voice & Choice
6. Cultural, Historical & Gender Issues
 - ✓ Always Assessing & Re-evaluating client’s needs
 - ✓ When resistance occurs, do not push harder

Training & Technology Team trains approximately 300 staff each fiscal year.

▪ Head Start

Several Head Start programs in Missouri, Kansas, and other states have implemented *Head Start Trauma Smart* (HSTS). HSTS is an early childhood trauma intervention model created by Crittenton Children’s Center. The model is designed to support young children who have experienced trauma and the parents and teachers who love and care

about them. HSTS promotes the development of systemic trauma awareness, resiliency and practical lifelong coping skills.

- ✓ Nationally recognized training for staff/parents/caregivers: Crittenton provides a series of training sessions for staff (administrators, teachers, bus drivers, kitchen, secretarial staff, etc.) and parents/caregivers. The goal is to create a trauma-informed early childhood environment for all children. Training has been specifically adapted for early childhood providers/caregivers from a trauma-informed framework that promotes resilience, entitled Attachment, Self-Regulation, Competency (ARC), created by Blaustein and Kinniburgh at the Trauma Center in Boston, MA. All adaptations were made in collaboration with the developers.
 - ✓ Individual therapy services for children: Crittenton also provides site-based therapy services for children and families attending Head Start/Early Childhood Centers. Services are provided by licensed masters-level therapists trained in trauma-informed treatment models, including ARC and Trauma-Focused Cognitive Behavioral Therapy (adapted for preschool children).
 - ✓ Staff and parent consultation: Weekly classroom consultation is provided to Head Start teachers. Therapists maintain regular contact with parents of children receiving therapy services. Therapists also attend monthly parent meetings and provide psycho-educational training on topics pertinent to early childhood growth, development, and trauma. This complements the full ARC training for parents.
 - ✓ Outcomes: Multiple outcome measures are utilized, including the Achenbach Child Behavior Checklist (CBCL and TRF 1.5-5), The Classroom Assessment Scoring System (CLASS), pre/post knowledge tests, and a variety of customer satisfaction tools. Since CLASS scores were first recorded during the fall of 2009, all programs have shown steady gains in all 10 CLASS dimensions, and exceed national benchmarks in several dimensions. Children receiving therapy services show statistically significant positive behavior changes.
 - ✓ Community impact: The goal is to help Head Start communities understand and proactively intervene on behalf of young children who have experienced trauma so that children can heal and lead confident, productive lives. This is done in a way that yields positive impact for all children and staff in Head Start classrooms, as well as the surrounding community.
- Technical Assistance System Network, Autism Tertiary and Behavior Supports, School Mental Health Initiative

Early childhood and school-based, trauma-informed models identified by the as being available to schools include:

- 1) Head Start Trauma Smart
- 2) Compassionate Schools: The Heart of Teaching and Learning
- 3) Neurosequential Model in Education

- 4) Sanctuary Model
- 5) UCSF Hearts Program
- 6) Trauma Systems Therapy school curriculum

- KVC Health Systems

KVC has been utilizing Trauma Systems Therapy, developed by Dr. Glenn Saxe, throughout its entire service delivery system since 2010. As our system evolves, we are taking a four-pronged approach 1. Continue to raise awareness of the impact of adverse experiences on children and their caregivers 2. Develop tools for children, families and providers that support healthy development of executive brain function and core capabilities such as self-regulation, 3. Infuse scientific findings regarding healthy brain development in systems of care and 4. Influence policy and public decision to be aligned with the sciences and discoveries regarding healthy brain development. Our participation in the Change in Mind initiative with the Alliance for Strong Families and Communities and our partnerships with Dr. Glenn Saxe and the New York University, the University of Kansas, the Annie E. Casey Foundation and Child Trends, a national research partner, strengthens our approach. In addition to our work at KVC, we also provide national and international consultation to child welfare and children's behavioral health agencies on the implementation and integration of trauma informed and focused practice and through our work with the NYU/KVC Regional Trauma Training Center, KVC has provided training to thousands of community partners over a five state area.

Further, through our work on the Child Welfare and Birth Parent committees of the National Child Traumatic Stress Network and our work on the steering committee and in chairing work groups with Resilient KC, we are striving to provide awareness on the impact of childhood adversity and toxic stress on our communities. The goal of Resilient KC is to do a citywide ACE survey (adults now: children later) and provide community tools to build resilience and advance services promoting resilient communities. Additionally, KVC provides training on our Building Core Capabilities Hands on Tools Curriculum, (Core Capabilities = Emotion Regulation, Behavior Control and Executive Brain Function) and has provided school based Trauma Informed Care training and consultation in Kansas, Iowa, Washington DC and Rhode Island. Lastly, KVC in partnership with NYU and the Annie E. Casey Foundation is beginning national distribution of its hands-on, experiential, skill-based trauma training curriculum for foster parents and other caregivers.