

KANSAS MENTAL HEALTH COALITION

.....*Speaking with one voice to meet the critical needs of people with mental illness*

Children's Behavioral Health

Position: Support the recommendations of the 2018 Children's Continuum of Care Task Force to increase Psychiatric Residential Treatment Facility (PRTF) beds to accommodate more children in treatment, improve programming for early childhood and emphasize prevention in integrated substance abuse and mental health services to keep children in the school and community with people who are family.

The Problem: Not addressing children needs results in long-term implications on the ability of children and youth to fulfill their potential as well as consequences for the health, education, labor and criminal justice systems of our society.

The following are Kansas examples:

- The suicide rate in Kansas is 16.3 deaths per 100,000, seventh highest in the United States. In the Kansas City metro area, suicide is the second leading cause of death for people ages 10 to 24.
- High school completion for Kansas students with emotional disabilities is 23% compared to 92% for general education students.
- The Kansas Foster Care system currently serves over 7000 children, an all-time high. Numbers have increased steadily over the last four years due to a decrease in focus on prevention, increase in parent substance use, reduced Juvenile Justice access to residential services and decreased access to treatment for children with chronically acute mental illness (Community based services and PRTFs.)
- The Kansas Department of Education and the 301 School Districts are in turmoil from funding negotiations, changes in teacher tenure, and increased security reactions to nationwide school shootings, zero tolerance policies, and unfunded mandates to serve youth with severe emotional, behavioral disabilities.
- The continuum of care for children cannot meet the intensity of need either in quality or quantity of community based services. Parents are overwhelmed trying to manage children who have severe acting out behaviors and negotiate complex silos of services that do not connect.

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Why This Matters We are losing our children to chronic adult mental health/substance use disorders, prisons, poverty, homelessness, isolation, foster care and suicide. Kansas must turn this around. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

The Bottom Line: Kansas must secure mental health and substance use disorder prevention and treatment services for children across the age continuum (from prenatal, early childhood, elementary, middle school and high school). Kansas must also secure mental health and substance use disorder treatment and prevention across the state's placements venues (home-based, school-based, office-based, and residential-based).

Need more information? Drill deeper into this issue on the back of this page.

The Rest of the Story

There have been two Task Forces in the last four years to focus on the need for improved services for children, but Kansas has lacked the capacity to implement effective recommendations. The Task Forces have highlighted what many providers and families already know – policy decisions have created barriers to service and families face difficulty finding the service options and treatment they need.

In August 2017, Secretary Tim Keck convened the KDADS Children’s Continuum of Care (CCC) Task Force, a group that had been delayed for two years. The CCC Task Force was charged to review existing reports and make specific recommendations to improve behavioral health services for children. The CCC identified immediate needs for increased accessibility to a continuum of mental health, substance use, prevention and treatment, housing and education. The CCC established three workgroups: Early Childhood, Psychiatric Residential Treatment Facilities (PRTFs) and Prevention.

The Early Childhood work group recommends restoring statewide data collection to track service utilization demographics, monitor outcomes and provide reports to state decision makers and utilizers of mental health and substance abuse disorder treatment services across the age and placement venue continuum. The workgroup recommends required use of the Diagnostic Classification: Age 0—5 for diagnosis and treatment of children birth through five years of age. In addition, the workgroup recommends the state define, establish and identify the required credentialing and training program for early childhood mental health providers and have the program in place before requiring its use.

The Psychiatric Residential Treatment Facilities (PRFT) work group recommends 1) increasing bed capacity throughout the state, 2) restoring authorization periods to a minimum of 60 days to coincide with the individual Plan of Care, 3) using CMHC clinicians as part of the assessment, utilization review, treatment and discharge planning process, 4) promoting home based family therapy and transition therapy from PRTFs to home and school.

The work group recognizes that parents and adult caregivers are the bedrock of the children’s continuum of care. Parents need information, training and support as their children move the along the age continuum of services and transitions for mental health, substance use treatment and prevention (from prenatal, early childhood, elementary, middle school and high school), and across the state’s placements venues (home-based, school-based office-based, and residential-based). Parents must have assistance to manage children with severe emotional and behavioral issues at home and in school. They must be informed in order to negotiate services from multiple providers.

Kansas has no identified state preferred delivery model for parent training programs. Current programs vary from the Parent Management Training from Oregon which is delivered by foster care providers, Keys for Networking provides the Targeted Parent Assistance Model and the community mental health center model is delivered by parent peer support mentors. The Prevention workgroup recommends KDADS establish a state endorsed credentialing and training program for parent peer support from caregivers with lived experience, expand the availability of parent peer support to all parents whose children are served through KanCare, and increase the Medicaid reimbursement for the providers who authorize the service.

Though the recommendations are many; they all demand increased services for children at all ages and placement venues, the credentialing and quality assurance of services, particularly parent peer support and early childhood programming, with additional beds for those children who need the intensity of psychiatric residential treatment.