



PACES

FOSTER CARE YOUTH PROGRAMMING

Clarice Podrebarac, MSLPC Executive Director PACES Inc.
WBHN

Sue Murnane, LMSW Youth Behavioral Health Services
Manager Association of CMHC's of Kansas, Inc

HIGHLIGHTS

Available Supports for Foster Care Youth

Mental Health Intervention Team grant –MHIT

Evidence Based Practices – EBP

Integrated Referral & Intake System – IRIS

In Progress

AVAILABLE SUPPORTS FOR FOSTER CARE YOUTH

SED Waiver	Universal Packet	Intake Access	Cornerstones of Care Partnership	Crisis Services
<p>Specialist to assist in the transfer of SED waivers from other participating counties.</p>	<p>Email group supervised by 3 clinical managers to expedite review/acceptance of universal packets. Families are directly outreached for intake upon receiving packet.</p>	<p>Intakes can be scheduled/completed even if universal packet is not fully completed. Services will not begin until packet is accepted. This expedites entry into our services.</p>	<p>Regularly scheduled meetings with Cornerstones of Care to increase partnership and access to services.</p>	<p>Crisis clinic available to all clients and community. Participate in Beacon Health mobile crisis response.</p>

MENTAL HEALTH INTERVENTION TEAM PROGRAM

The 2018 Kansas Legislature approved a proviso authorizing nine school districts to enter into agreements with local community mental health centers (CMHC) for the 2018 – 2019 school year and further provided funding for a database system for students referred to the program. The program was designed to address challenges schools were experiencing through increases in students (and families) with mental health needs and lack access to care.

The grant paid the salary of a school liaison, employed by the district; and a stipend for the participating CMHC for uncompensated costs. The program began as a “pilot” and included 9 school districts and 6 CMHCs. The program has since grown to 67 school districts and 19 CMHCs.

The MHIT program helps eliminate barriers for students and families in need of clinical therapy to access local community mental health centers rich array of services.

Access to services across the state is often limited by the family’s economics or employment. CMHCs cover the entire state but, especially in rural areas, access to services can still be a 50-mile drive. Regardless of distance, far too many families are unable to sustain needed sequence of therapy services over weeks or months. Families struggle with the time required to pick up a child, drive to therapy, then back to the school over a sustained period and the student will miss school. Lack of reliable transportation or simply the ability to take time off work or impact of lost wages are some of the barriers families, attempting to keep their student in on-going mental health services, face.

The MHIT has benefited students, families and teachers. The expanded partnership between school districts and CMHCs helps bridge the gap in services, eliminate the stigma of mental health services, identify both externalizers and those students who are outwardly successful but internally struggling, allows parents the option of school-based services, and the liaison’s school conversations and observations provide feedback to the therapist and classroom teachers.

PACES MHIT PROGRAM

- Mental Health Intervention Team
- Authorizes school districts to enter into a memorandum of understanding (MOU) with CMHC to provide
 - liaison in the school to assist with referrals and communication between the family and the CMHC.
 - funding for therapists at CMHC to provide therapy in school through the partnership
- Group A of the grant is foster care youth for continuity of care and quicker access into services
- Paces has therapists currently in 21 schools across 2 districts in KCK doing in-school intakes and therapy (along with other services)
- Services continue year-round

MHIT NUMBERS THROUGH THE YEARS

School Year	Number of School Districts	Number of CMHCs	Number of Youth Served
2018-2019	9 USDs	6 CMHCs	1,708 students
2019-2020	32 USDs	14 CMHCs	3,266 students
2020-2021	43 USDs	17 CMHCs	4,711 students
2021-2022	55 USDs	17 CMHCs	5100 students
2022-2023	67 USDs	19 CMHCs	4,871 (first semester)

Since implementation of the program, student outcomes have been outstanding. The outcome measures tracked include improved attendance, improved academic performance, and improved behaviors. All of these measures have stayed fairly consistent around 70 percent. Specifically, in the first semester of the current year, 73.92 percent of students served had improved attendance, 69.14 percent demonstrated improved externalizing behavior, 68.1 percent achieved increased academic performance, and 70.42 percent had improved internalized behaviors. Anecdotally, we also hear frequently from members of MHIT school teams about changes in school culture, reducing stigma related to seeking mental health services.



EBP:

- Evidence Based Practices
- Therapists provide evidence-based therapy modalities including:
 - EMDR - Eye Movement Desensitization Regulation
 - ARTherapy – Accelerated Resolution Therapy
 - CBT- Cognitive Behavioral Therapy
 - TF-CBT - Trauma Focused –Cognitive Behavioral Therapy
 - Solutions Focused Brief Therapy
 - Motivational Interviewing
 - Play Therapy
 - Soon – Parent Child Interactive Therapy Therapy

IRIS- INTEGRATED REFERRAL & INTAKE SYSTEM

- Referral System for Integrated Care Needs
- Care Coordinator assigned to be an expert in local resources for children and families and work to refer families to the resources needed within one system
- Partnered with over 150 community partners within the system so far
- Care Coordinator sends weekly partner highlights to educate staff on available resources for families as well



FURTHER PROGRAMMING IN PROGRESS

MHIT

Continued efforts to educate foster care families and agencies on the MHIT program for foster care youth

Partnership

Increased partnership with all foster care agencies for continuity of care/communication solutions.

Clinical Services

Creation of groups or specific programming on foster care/transitions. Training for clinical staff on foster care, experiences, and common needs



THANK YOU

Clarice Podrebarac MSLPC– Vice President/Executive
Director - PACES

clarice.Podrebarac@wyandotbhn.org

Sue Murnane LMSW - Youth Behavioral Health Services
Manager Association of CMHC's of Kansas, Inc

smurnane@acmhck.org