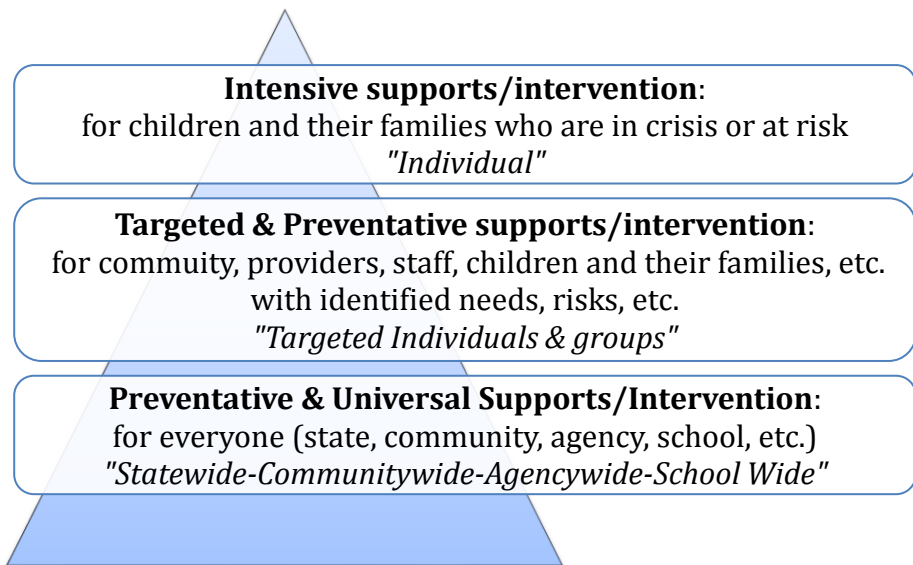


GBHSPC CHILDREN'S SUBCOMMITTEE CHARTER

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: <ul style="list-style-type: none"> ▪ 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: <ul style="list-style-type: none"> ▪ <u><i>Interconnected Systems</i></u> <i>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</i>

- Systems of Care
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
- Integrated Services
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
- Continuum of Care
 - ✓ *Across the Lifespan – From birth to age 22.*
 - ✓ *Across Levels of Intensity – Preventative (Tier 1), targeted (Tier 2), intensive (Tier 3).*
- Person & Family-Centered Planning
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}



GBHSPC Children's Subcommittee Charter

Values:	The Children's Subcommittee will use the following values to guide their purpose: <ul style="list-style-type: none">▪ Use data from multiple disciplines 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
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<i>GBHSPC Approval</i>	
Name	Signature
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Charter Effective Date: 05/08/2017

ⁱ <http://www.midwestpbis.org/materials/interconnected-systems-framework-isf>

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<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>

Required Staff Training Related to School Mental Health

<u>Frequency</u>	<u>Who Must be Trained?</u>	<u>Topic</u>	<u>Statute or Regulation</u>
Determined at local level (KSDE advises at least once each calendar year)	All school staff	Bullying awareness and prevention	K.S.A. 72-8256
At least one hour of training each calendar year	All school staff	Suicide awareness and prevention	K.S.A. 72-8260; K.A.R. 91-31-32
Determined at local level; designed to meet the needs of personnel as appropriate to their duties and potential need to use seclusion or physical restraint	Determined at local level; designed to meet the needs of personnel as appropriate to their duties and potential need to use seclusion or physical restraint	Emergency safety intervention legal requirements, prevention techniques, de-escalation techniques, and positive behavioral intervention strategies	K.S.A. 2016 Supp. 72-89d03(g)(1)(A),(B) K.A.R. 91-42-3(a)(1)(A),(B)
Once	Superintendent or designee and any law enforcement officer primarily assigned to a school	Skill development training developed or approved by the Kansas Law Enforcement Training Center including the following topics: (1) Information on adolescent development; (2) risk and needs assessments; (3) mental health; (4) diversity; (5) youth crisis intervention; (6) substance abuse prevention; (7) trauma-informed responses; and (8) other evidence-based practices in school policing to mitigate student juvenile justice exposure.	2016 Senate Bill 367, New Sec. 14

Other Required Staff Training

<u>Frequency</u>	<u>Who Must be Trained?</u>	<u>Topic</u>	<u>Statute or Regulation</u>
Annual	All school staff	Sexual harassment	Title IX
When a staff member is first hired, at least annually thereafter, and when new or modified tasks or procedures affect a staff member's risk of occupational exposure.	Selected school staff	Bloodborne pathogens	OSHA's Bloodborne Pathogens Standard, 29 C.F.R. 1910.1030
Annual	Negotiating teams	Conducting negotiations	K.S.A. 72-5423
Once (At least 60 minutes on alcohol misuse and at least 60 minutes on controlled substances use)	All persons designated to supervise drivers	Alcohol misuse and controlled substances use to determine whether reasonable suspicion exists to require a driver to undergo testing under 49 C.F.R. 382.307	49 C.F.R. 382.603