
Testimony to the Special Committee on Foster Care Oversight

October 14, 2020

Chairwoman Concannon and members of the Committee, my name is Stacy Manbeck and I am the Executive Director for Spring River Mental Health & Wellness, Inc. (SRMHW), the Community Mental Health Center (CMHC) serving the residents of Cherokee County. I would like to provide a little background about myself as the vast majority of my career has been spent working in child welfare, specifically focusing on areas of permanency, child safety and wellbeing, foster care and adoption as well as child placement services. Prior to joining SRMHW in January 2019, I was employed with KVC Kansas since 1998 where I primarily served in a management capacity.

I appreciate the opportunity to provide written testimony to the Special Committee on Foster Care Oversight in an effort to provide relevant information on SRMHW's engagement, collaboration and support of child welfare service delivery in addition to information specific to the purpose and usage of SRMHW's cool/calm down rooms for youth receiving psychosocial rehabilitation services.

SRMHW's collaborative efforts in child welfare service delivery

SRMHW collaborates with our state child welfare system in a number of ways. We provide community mental health and substance use services to children in out of home placement, as well as to birth families involved in the child welfare system seeking to preserve their families and/or reintegrate with their child. Through our clinical and community based service delivery with children in out of home care, we often have the opportunity to work with foster parents and/or other placement providers in an effort to assist in supporting and/or stabilizing a youth's placement. SRMHW also provides children and adolescents, some of which are in out of home care, crisis intervention services in addition to acting as a liaison for psychiatric residential treatment facilities (PRTF's).

Additional areas in which SRMHW supports and engages the child welfare system include provision of services through our My Family program which coordinates and centralizes outreach, intake and referral systems in Cherokee County, KS. The goal is to improve the health and developmental outcomes for at-risk maternal, infant, and early childhood populations (prenatal through 5 years) and assure effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to these children and families through home evidenced based visiting programs such as Early Headstart, Parents as Teachers and Healthy Families.

SRMHW also collaborates and participates in various local, community and state level child welfare initiatives including Kansas Drug Endangered Children Coalition (KDCC) and the Southeast Region Interagency Advisory Board for Family First an advisory workgroup which serves two initiatives – Kansas Strong & Family First.

Psychosocial Rehabilitation Programs and its use of cool/calm down rooms to mitigate the risk of danger, harm or threat to the safety of the child/adolescent, other clients and staff
SRMHW provides child and adolescent psychosocial rehabilitation services to children 3 to 18 years of age which meet the following criteria:

- Child is deemed Severely Emotionally Disturbed (SED) as outlined by the mental health center licensing regulations for the state of Kansas
- Child is free from communicable diseases
- Child demonstrates behavioral concerns likely to be modified with psychosocial rehabilitation programming
- Child is able to demonstrate the cognitive ability to learn and process information and situations quickly in a highly stimulating learning environment

In order to determine emotional, cognitive and behavioral readiness of the child/adolescent the Qualified Mental Health Professional (QMHP) reviews the Child Behavior Checklist (CBCL) score and the child's behavioral history as outlined in the clinical assessment and service notes. If a clinical determination assesses the need, the service is clearly documented in the care plan and service notes. The child and his or her parent/guardian are educated as to the program's content and purpose including an explanation of the behavioral management system used in the program.

The information shared with the parent/guardian includes steps taken if the child/adolescent becomes behaviorally dysregulated to a point which presents a danger, harm or threat to the safety of the child/adolescent, other clients, staff and/or property. The child/adolescent may temporarily be transitioned away from the group and provided with one-on-one interventions.

If removal from the group is necessary, SRMHW staff may utilize a cool or calm down room, which is a smaller room, free from objects which may harm a child and is free from stimuli which may encourage further emotional and/or behavioral dysregulation in a client. The cool/calm down rooms do not have doors and/or locks and any time a client is utilizing a cool/calm down room, an SRMHW employee remains with the child, just outside the doorway providing one to one supervision and continued use of de-escalation interventions and support to the child as necessary. Calm down rooms are not used as a form of discipline or punishment.

Behavioral interventions and de-escalation techniques are not used to physically harm, humiliate or frighten a client under any circumstance and are not continued any longer than necessary to resolve the behavioral issue. Calm down rooms are used as a last resort, when other methods of intervention or de-escalation have been exhausted. Calm down rooms may also be utilized by children at their own request as they learn to identify their own triggers and recognize the need to self-calm or self-soothe in a safe environment. A calm down room should be used as a tool to teach individuals calming techniques in order to decrease agitation and aggressive behavior.

Thank you for the opportunity to stand before the Committee today.