Services

Social Services
- Foster Care Case Management
- Adoption
- Child Placing
- Supervised Visitation

Behavioral Health
- Acute Hospitalization
- Psychiatric Residential Treatment
- Community Based Therapy
- Community Based Psychiatric
- Family Preservation
- Autism Screening

Education
- Training
- Consultation
- Research
- Advocacy
Kansas BHC

Services

- Foster Care Case Management
- Child Placing
- Aftercare
- In-Home Therapy
- Family Preservation
- Adoption
- Autism Screening

KVC Hospitals | KVC BHC Kansas | KVC BHC Kentucky | KVC BHC Nebraska | KVC BHC West Virginia
**Kansas Foster Care Contractor**

### Significant Outcomes

- **First state to successfully exit ACLU/Children’s Rights Settlement Agreement**
- **Increase in Family Placements from about 70% to 97%**
- **Significant increase in placement stability**
- **Over 2000 Adoptions from Foster Care since 2005**
- **Significant reduction in re-entries into Foster Care from over 30% to 4%**
- **Among highest Safety rates in nation**

**KVC Hospitals**

**KVC BHC Kansas**

**KVC BHC Kentucky**

**KVC BHC Nebraska**

**KVC BHC West Virginia**
But Are We Making a Difference in Long-Term Wellbeing?

“What about the small percentage who continue to struggle?”

“What about long-term wellbeing?”

Our focus on “What more? What else?” leads us to research.
ACES Study
Childhood Experiences Underlie Adult Suicide
Childhood Experiences and Adult Alcoholism
These same trends apply to...

- Chronic Depression
- Juvenile justice and ongoing legal involvement
- High school dropout rates
- Teen pregnancy
- Occurrence of domestic violence both as victim and perpetrator
- Problems in employment
- Heart disease, liver failure, kidney failure, diabetes, cancer
- Early death
Untreated Trauma: Consequences too big to ignore

- Traumatic stress affects a child’s ability to regulate emotions and behaviors (NCTSN, 2010). Well-being
- Over 80% of children in the child welfare system experience traumatic stress due to the abuse, neglect and removal experiences they have endured (van der Kolk, 1999). Exit to Safe and Timely Permanence
- Many children determined to be SED have experienced traumatic events and require trauma informed care provided with cross-system coordination and thoughtful service (Hodas, 2009). Well-being
- Children with emotional and behavioral problems can be difficult for resource parents to manage and are more likely to experience placement disruption (Rubin et al. 2007, Mirjam et al, 2006). Temporary Safe Haven
- Placement disruption is more likely to lead to increased emotional and behavioral problems (Akin, 2010). Well-being
- Children with emotional and behavioral problems are less likely to experience permanency (Goerge, 1990). Temporary Safe Haven
- Amongst children in child welfare receiving mental health services, few are receiving standardized care and even fewer receive trauma informed care. (NCTSN, 2011). Well-being
A Vicious Cycle for Youth in Foster Care

Individual Youth Impact

- emotional and behavioral instability
- placement instability
- less likely to experience permanency or achieve wellbeing in life

Realities that affect safety, placement stability, timely permanency and long-term wellbeing
A Vicious Cycle for Youth in Foster Care

Social Environments Impact

- Assume willfulness or defiance
- Feel ill-equipped
- May resort to behaviors in an effort to “out-control”
- May ask that youth be moved from home
- Limited in their “real world” training experiences
- Lack of system support often leads to negative outcomes

Realities that affect safety, placement stability, child well-being, and timely permanency
Lack of public awareness regarding the impact of trauma

Lack of trauma informed service providers utilizing evidence-based treatment models

Poor coordination and communication across system

High anxiety environment

Realities that affect safety, placement stability, child well-being, and timely permanency
The TST Manual

http://www.aboutourkids.org/traumasystemstherapy

http://www.amazon.com/Collaborative-Treatment-Traumatized-Children-Teens
Why TST?

• Covers a wide range of ages
• Appropriate for a variety of sub-groups
• Demonstrated success
• Flexibility to use in multiple environments and large systems
• Model that addresses system-wide trauma informed needs as well as trauma focused treatment
• Addresses the needs of children within the context of the caregiving relationship
Trauma Systems Therapy: Model for Intervention/Treatment or Culture?

TST is both a:

– **Clinical Model** for the efficient and effective treatment of traumatized children, and an

– **Organizational Model** for the integration of services for agencies that provide treatment for traumatized children
TST Adaptation to the Foster Care System

• In collaboration with Dr. Saxe for over 6 years, KVC has adapted TST to the field of child welfare, creating manuals and training to fidelity, specific to:
  – Case Managers
  – Inpatient and Outpatient Clinicians
  – Inpatient Behavioral Health Technicians
  – Foster Families
TST Initiatives

- Training of Therapists, Case Managers, Inpatient Behavioral Health Techs and Foster Parents underway across all KVC programs
- A contract with Washington, D.C.’s Children and Family Services Agency to implement TST to fidelity
- The development of the NYU/KVC Midwest Trauma Training Center
- Consultation/training to numerous other public and private organizations in partnership with Dr. Saxe