

## Summary of the School Mental Health Intervention Pilot Program for 2018-2019

September 2019

**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 for students referred to the program. The program was established to address challenges schools were experiencing through increases in students (and families) with mental health needs.

The legislature recognizes growing mental health concerns throughout the state, regardless of income, family structure or region. Schools report increased social emotional needs of students, at younger ages and within families. An increasing number of students across the state express behaviors, such as suicide ideation, anxiety, depression or anger, which impact their ability to learn, cope with stress and establish a foundation for success in life. Often the inability of a few students to regulate behavior negatively impacts the entire classroom.

The MHIT program helps eliminate barriers for students and families which need clinical therapy and to access the local community mental health centers (CMHC) services.

The legislation identified the participating school districts: Abilene, Garden City, Kansas City, Parsons, Topeka and Wichita. In the Abilene area three additional districts, Chapman, Herington, and Solomon were included in the Abilene program. The proviso allocated funding for school employed liaisons and funds for the CMHC to provide case managers and clinical therapists.

The local boards of education and the governing body of each CMHC entered into a memorandum of understanding to authorize the local partnership and ability to share information between the school and CMHC. The Kansas State Department of Education (KSDE) created a financial payment system which authorized drawdown for liaison payments along with flow through payments to CMHCs.

The proviso also provided funding for a database. After collaboration with the partner agencies (DCF, KDHE, KDADS and KSDE) the decision was made to develop the database in-house at KSDE. This decision allowed the first-year districts and CMHC greater input into the product, quicker response to modify and greatly reduced the cost. KSDE's IT staff developed and operationalized the product and continued to review, answer questions and modify the data system throughout the year.

KSDE developed a Guidance Document for participating districts and CMHCs. This document was amended throughout the year to reflect the work, general outline of program, roles and responsibilities, progress reports, financial distributions and sample MOU. The document was supplemented with liaison suggestions and locally developed documents including reporting matrices, outlines, job descriptions and project outlines. The document will provide direction for future districts and CMHCs.

School based liaisons work with school staff to identify students who would benefit from therapy or case management. Parents or guardians are contacted with information about the MHIT partnership and

must consent for participation in the program. The school-based liaison helps communicate availability of CMHC services for students and family.

In the past, access to services across the state was influenced by the family's economics or employment. CMHCs cover the entire state; however, in rural areas, access to services can still be a 50-mile drive. Regardless of distance, many families are unable to sustain needed sequence of therapy services over weeks or months. Families struggled with the time required to pick up a child, drive them to therapy, then back to the school. Lack of reliable transportation or simply the ability to take time off work and the impact of lost wages were some of the issues families faced.

Throughout the 2018-19 school year site visits were made to participating school districts and CMHCs. Additional communication through CMHC's group conference calls and the school liaison remote meetings were held to share experiences, problem solve, and review processes. Database training was provided in the spring of 2019.

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 provides an avenue for the school liaison to provide feedback to the therapist and classroom teacher.

At the end of fiscal 2019 over 1700 students were receiving CMHC services through the MHIT project, including 212 foster students. Overall improvement was shown in academics, attendance and behavior in many of the students. Feedback from families, students and teachers was positive and families appreciated the convenience of the school-based partnership with the local CMHC. Students appeared to understand their personal issues and how to effectively change their own behavior. Teachers and school staff also reported fewer disruptions in the classroom which improved the school climate.