Call to Order
Kathy Busch welcomed members and called the meeting to order at 9:04 a.m.

New Member introductions:
John McKinney – Shawnee Mission School District Director of Family & Student Services – Representing families and secondary educators
Misty Czarnowsky – USD 258 Humboldt K–8 School Counselor – Representing school counselors
Denise Cyzman, - Community Care Network of Kansas, CEO – Representing health care providers

Legislators will not be here today due to the Kansas Legislature being in session.

Members Present
Bert Moore    Bobby Eklofe    Cherie Blanchat
Denise Cyzman  Diane Gjerstad  Jane Groff
John McKinney  Ken Hughey     Holly Yager
Jessica Griffin  Kathy Busch   Kathy Mosher
Leia Holley   Misti Czarnowsky Rachelle Soden
Pam Weigand    Ronny Lieurance

Members Absent
Annie McKay    Christie Appelhanz  John Heim
Judi Rodman   Kimber Kasitz       Lara Bors
LeEtta Felter  Representative Jennings  Senator Pettey
Senator Taylor  Shirley Scott

Kansas State Department of Education (KSDE) Staff
Laura Jurgensen  Kerry Haag  Kent Reed  Myron Melton
Pat Bone    Amy Martin

Guests
Joyce vonEhrenkrook, Wichita Public Schools; Sue Murnane, Association of Community Mental Health Centers of Kansas; Kimberly Spearman, Aetna Better Health of Kansas; Tina Haefke, Greenbush Behavioral & Social Emotional Supports(BaSES); Laura Hattrup, Technical Assistance System Network (TASN) School Mental Health Initiative (SMHI); Mattie-Kay Stewart, TASN SMHI; Christin Sheldon, TASN SMHI; Lee Stickle, TASN SMHI; Chris Perry, TASN SMHI; Amy Wells, TASN SMHI; Kelly McCauley, TASN SMHI; Kasey Monroe, TASN Evaluation
Approval of Agenda
Motion:  Bert Moore
Second:  Pam Weigand
Action:  passed

Approval of Minutes
Motion:  Bert Moore
Second:  Leia Holly
Action:  passed

Public Comment:
None Received

State Board Update and Legislative Work
Kathy Busch and Myron Melton
PowerPoint and Handout (State Board Action on Council Recommendations)

Recommendations were presented as information to the State Board in January. Feedback showed we needed to clarify a few items for their clear understanding. The one page document is the recommendations as presented for approval in February. Myron covered the details of the recommendations. The State Board unanimously voted to approve these recommendations.

Recommendations for the Attorney General’s Youth Suicide Prevention Task Force have been released. The Communities that Care Survey is also embedded in their recommendations.

Kathy Busch –
House Education Committee has heard the recommendations with favorable response. The will be presented to the Senate Education Committee in March.

Next steps:
- The Jason Flatt Act Requirements are already contained in the accreditation regulations. KSDE will be looking to increase the monitoring.
- KSDE will be preparing resources and training materials and promoting of materials already available on mandated reporter training.
- Promoting the work to schools.
- Communication with the Kansas Association of School Boards to share requirements with school boards and the high priority of this requirement for training and reporting.
- We have heard from many state level groups are discussing the need for mandated reporter training and are excited that we are doing this work.
- G.A. Buie with USA is a great person to bring into the communication loop.

Discussion:
- The need still exists to address the student suicide training piece.

Legislative Update – Laura

Deadline to introduce new bills is quickly approaching. Many bills are being introduced this week.
Topics include:
• Funding, mental health intervention team pilot program. Funding to continue is in both the governor's budget and the legislative budgets.

• HB 2150 would create the Kansas Hopes Scholarship program, anticipate a hearing next Wednesday afternoon. Targets bullied students as recipients. 15 day timeline for school completing an investigation. District must inform the parent that the child qualifies or does not qualify to transfer schools with a scholarship following the student to another school public or private. The bullying incident may result from another student, staff member, or parent.

• HB 2257 – add requirements on school district bullying policies. K-12 Education Budget Committee is hearing next week. District must name a contact person for bullying reports and plan for prompt investigations in this policy. Must allow for anonymous reporting. Boards must adopt and submit a plan to the KSDE.

• Expecting a bill to be introduced today on the Communities that Care Survey, would amend the Student Data Privacy Act to allow this to be an opt-out instead of opt-in survey. Provide parents a notice of the survey that would allow them to opt out. Rep. Lusk introduced. KSDE has suggested an additional alteration to the current language. State Board needs to encourage participation in this survey. This survey reports out aggregate level data.

• Laura will finalize a document at the end of the week for all bills introduced and Pat will distribute it to members.

Legislative Pilot Update
Diane Gjerstad, Veryl Peter, Joyce vonEhrenkrook, Wichita Public Schools
Sue Murnane, Association of Community Mental Health Centers of Kansas (CMHCs)

PowerPoint slide shows the nine districts who are working with six CMHCs as designated by the Kansas Legislature.

Memorandums of Understanding between CMHCs and schools have been written to allow for sharing data upon parents’ consent.

Joyce – Wichita
• 22 schools involved in the Wichita pilot
• 947 referrals for students
• Served 487 students
• 76 are foster care students

Success stories
• Elementary shared information at conferences and received referrals from some parents at that time.
• Reduction of student time out of the classroom
• Decreased school absences due to services received for high school students
• Increased time in the classroom and tied to student success and increased performance.
• Reduced anxiety for student.
• Bringing services into the school is having a very positive effect for students
• 63% improvement in behavior
• 57% increase in attendance

Challenges
• Private insurance
• Military insurance
• High deductible plans
• Parent follow-through – currently using a three contact system similar to special education requirements
• Stigma of receiving or needing services
• Foster care database - this is a problem for our larger schools. We are now able to access through the student information system.

Next steps:
• Process procedure manual being developed
• Developing information pamphlet
• Media presentation being put together to disseminate information.

Veryl – Database (Handout)
The Kansas Legislature appropriated $2.5 million to develop a database. KSDE determined that the bid process was too slow to meet the legislative timelines so KSDE staff have developed and implemented the database at the end of December. The use of KSDE staff to create the database has also allowed for making changes in the database quickly.

The Kansas Legislature wanted to be sure they didn’t overburden schools with the data requested from them. This is a pilot, we can always grow the system later as the work continues.
An outside contractor is currently providing the training on the database system.

The handout contains information on the 13 data elements being collected in the database. Input was received from participating districts to determine what their needs are for this database. Expansion to other districts and sharing with other districts will be possible.

First deadline for reporting in the new system is March 15, 2019.

• Districts are determining their criteria for data elements 4, 5, and 6. Teachers know this information and need to be involved.
• Hearing positive response from superintendents who would like to join the pilot if funding for additional schools is approved.
• Legislative hearings have included presentations from the participating districts.

Discussion:
• Would it be of benefit to collect information on families receiving services that wouldn’t have been served without the program?
• Family feedback of the program?
• Local level anecdotal data is being collected.

Kathy Mosher – CMHC perspective in small rural settings.
• Very high number of students who are on the cusp of being in foster care
• Building principals reporting that the stigma around mental health issues is breaking down. Also, one principal has reported he is handling situations differently. Because of changing his response, he is sure he saved a life.
• Access to mental health services is a real challenge in rural areas – we have learned that when you live on the edge of a county, you may not be in the same county for services as your school district and that impacts access.
We have seen an increase in attendance.
Increased the out of catchment area students being served by 380%. These kids were falling through the cracks.
Community based services are eligible for tier 2 and 3 kids. Increased by 25% this year with the pilot.
Concern – continuity of services over summer break.
Combining the learning model that schools are using with the mental health model has been valuable in continuing the loop. Valuable for staff development.

This is not new work but is a new mechanism to share information. Lots of components that need to work together to help our families.

School Mental Health Initiative Update/State Personnel Development Grant Update
PowerPoint provided by The TASN SMHI team
- SMHI is imbedded in TASN.
- Mental wellness is needed for better outcomes.
- The work overlaps with the work that the School Mental Health Pilot is doing.
- We are not trying to do something new and different, we are trying to enhance what is already there.
- The Kansas Communities that Care survey helps organizations put the resources in the right spots throughout the state.
- Importance is placed on parent/family engagement in the process of impacting students with mental health issues. Balanced, clear, and direct communication is key. Families want to be involved in the decisions regarding their children and to be seen as experts on their children.
- Sustainability key elements – part of a delivery system, access is not enough, mental health is for all (prevention), multi-tiered system to install mental health initiatives.
- Mental health work cannot exist and be sustained in isolation. It must be embedded in existing systems.
- Goal is creating a process replication system.
- Jane Groff shared new handouts created by the Kansas Parent Information Resource Center and Families Together on toxic stress in childhood and adverse childhood experiences (ACES) family information sheets. Work is continuing to develop on information on how to “ACE” the parent teacher conference. You may ask for more copies of the handouts by contacting Jane or Leia.

Community Care Network of Kansas
Denise Cyzman, Dr. Wael Mourad and Dr. Moore
PowerPoint
- Access to high quality care for every single Kansas is our only focus and goal.
- All centers are diverse in services dependent on area needs. No one is ever turned away.
- 14 clinics are already established in schools and providing services.
- Currently working with 27 school districts.
- Data is showing reduction in absences, tardiness, and improved student performance.
- We are not meant to replace private care providers in the community.
- Funding will cover startup expenses to get programs established.
- Building in evaluation to the process.
Dr. Mourad and Dr. Moore – School-Based Services

- Target is kids without medical service access.
- Walk-in clinics, referrals by parents or school staff.
- Available to anyone regardless of ability to pay.
- Majority of those served have been elementary students, but are also serving some high school students
- Success factors to consider during expansion
  - Host organization is invested and willing to help provide staffing and funding
  - Ancillary services provision (e.g. drawing labs)
  - Competition
  - Strong marketing
  - Identifying the needs and demands of the patients being served (what barriers exist)

Discussion:

- We are a membership association. The clinics are independent.
- [www.Communitycareks.org](http://www.Communitycareks.org)
- All are moving toward providing all three areas of care, medical, dental, mental/behavioral
- How do you sustain the fiscal aspects?
  - Medicaid helps us tremendously. Payer mix is beneficial. About 50% of clients being on Medicaid is very beneficial to the budget. About ¼ are uninsured patients. Startup costs are covered through the grant program. All clinics use a sliding fee schedule based on income. Most become self-sufficient in about 18 months.
- Mental health providers – are they licensed providers?
  - They are fully licensed.
- Connection between ACEs and student's success. Is this a part of your discussion as you build these systems?
  - Yes, trauma informed care is a part of our process.
- What about access for students who lack documentation?
  - We do not collect any information on this. We do serve this population.

Lunch

Please enjoy your lunch and have small group conversation around our discussion question. How can this Council help overcome barriers in the collaboration between school districts and community mental health centers around school mental health?

Barriers/Solutions Discussion Highlights

- Overcoming and continuing to work to overcome school district and CMHCs barriers. Developing resources and guidance for districts to use and solutions to resolve them.
- Accessibility of wrap around programs to meet all the needs of students. This Council sharing and bringing these different organizations together to support and build a cooperative atmosphere to move the work forward.
- Number of options and choices available, but do districts know and understand what is available to them? Develop a resource matrix to understand service options available. Connecting the districts to the right providers to meet the needs of the students they serve.
• As we make recommendations to the State Board and they begin to implement change it gives the appearance of becoming another mandate. How do we address the systemic change needed to facilitate implementation in positive atmosphere?
• Resources – cooperative agreement between mental health providers and the district outlining what each will provide. Clear priorities set in an MOU. Provide a template of successful agreement components.
• Crisis – as therapists are more on site they are getting pulled away to deal with more immediate crisis instead of the planned services they were planning. Prioritizing the work is an issue. As tier one supports become more widespread, the need to pull the mental health professional away will decrease.
• How do you make the change across the entire school building?
• Relationship building. Parties involved, students, administrators, teachers, parents, families.

Send these notes to the group who will be invited to refine focus by emailing Pat.

Council Members Updates
• Misti Czarnowsky – school partnership model. Started program through a grant. Lag time to care starting was a big issue for them. Relationship with SE Kansas Mental Health Center. Relationship building was important. Therapist and case manager are employed by the mental health center but housed in the school. Important to make them a part of the school and visible to the school community. Small school situation. Foster care students and mental health have additional layers of documentation needed. Additional schools are asking the mental health center to work with them. Providing a coordinated mental health partnership is an idea really growing in this area of the state.
• Holly – challenge to keep our mental health providers out of their office and into the tier 1 and tier 2 situations within the schools. (the classrooms). Using the school and mental health provider knowledge in our classrooms.
• Leia – new webpage. https://familiestogetherinc.org/ Trauma sensitivity in the IEP process. Collection of resources available for parents being added to the website for educators and families. https://familiestogetherinc.org/iepandgeden/

Suicide Prevention Toolkit Draft
Myron Melton, Mattie-Kay Stewart
PowerPoint
Handout Draft Toolkit

Survey was conducted statewide last fall and the training and protocols varied greatly around the state. This Suicide Prevention Toolkit is being developed in response to what we learned.

Four sections to the toolkit:
• Introduction
• Developing Internal School System
• Planning Interventions in a Suicidal Crisis
• Implementing Postvention Responses

Link to provide comments on a Google Survey
You may review only one section or as many sections as you choose.

Passed around a signup sheet to provide reviews.

Would like responses as soon as you can. The hope is to finalize this document by summer to allow for training during Impact Institutes and Summer Leadership Conference. Responses by March 15 would be advantageous.

John McKinney – Blue Valley, Shawnee Mission, and Olathe is working with Signs of Suicide to develop a system as well. This toolkit could work well with that work.

This is a resource we can provide, but districts will not be required to use it.

Jane would like to see more information on families for the districts to use. How to protect and involve families. She will provide some feedback and resources to be included.

Mattie-Kay will communicate with Pat on how to access the google response form.

**Wrap-up and Next Meeting**

- Recommendations on suicide and mandated reporter training updates.
- Next steps for this Council’s work and discussion.
- Legislative update

Meeting adjourned at 1:50 PM.

**April 11, 2019**
**9 am. – 2 pm**
**Washburn Technical School**
**Lower Level Conference Room**
**5724 SW Huntoon**
**Topeka, KS**