Kansas leads the world in the success of each student.
APPROVALS

• February 14, 2019 Agenda
• December 13, 2018, Minutes
PUBLIC COMMENT

- The time limit for verbal comments is three minutes.
- Those making public comment will be given a verbal cue one minute before time expires.
- Please keep comments factual and objective. Please avoid using names of students or staff members.
- Comments will be taken under advisement by the council.
STATE BOARD UPDATE AND LEGISLATIVE WORK

Kathy Busch
Laura Jurgensen
Kansas leads the world in the success of each student.
JASON FLATT ACT REQUIREMENTS

a) At least one hour of training each calendar year based on programs approved by the State Board of Education. The training requirement may be met through independent self-review of suicide prevention training materials; and

b) A building crisis plan for each school building. The building crisis plan shall include the following:

(i) Steps for recognizing suicidal ideation;
(ii) Appropriate methods of interventions; and
(iii) Crisis recovery plan.

Kansas State Board of Education shall adopt rules and regulations necessary to implement these provisions.
COUNCIL RECOMMENDATIONS

Required Suicide Awareness and Prevention Training:

- State Board of Education provides guidance to districts on the implementation of Jason Flatt Act that includes:
  - Initial overview for all new staff, and staff who would benefit from a comprehensive training as determined by administration.
  - Differentiated training for successive years, based on years of experience and role of the employee.
  - Districts develop and implement suicide protocols embedded in a crisis plan, with the support of materials and resources provided by KSDE.
COUNCIL RECOMMENDATIONS

Required Suicide Awareness and Prevention Training (continued):

• Direct KSDE to revisit how they monitor the implementation of the suicide prevention requirements within the accreditation regulations (K.A.R. 91-31-32(c)(12)) and provide support and resources to districts for families, students, community and others related to suicide awareness and prevention.

• Recommend the Kansas Communities that Care Survey be promoted and aligned to the Attorney General’s Youth Suicide Prevention Task Force recommendations.
COUNCIL RECOMMENDATIONS

Required mandated reporter training:

• Require staff training on mandated reporting requirements and procedures, with guidance and resources provided by KSDE.

• Required training would include signs of abuse and neglect, to include child sexual abuse, with guidance and resources provided by KSDE.

• Recommend that districts institute, revisit or revise policies related to mandated reporting, with guidance and resources provided by KSDE.
KSDE CONTACTS

Kathy Busch: kbusch@ksde.org

Kerry Haag: khaag@ksde.org

Laura Jurgenson: ljurgensen@ksde.org

Myron Melton: mmelton@ksde.org
LEGISLATIVE PILOT UPDATE

Diane Gjerstad
Veryl Peter
Pilot partners four community mental health centers (CMHC) with nine school districts.
School Mental Health Professional Development Coaching System

School Mental Health Advisory Council
February 14, 2019
Staffing and TASN Partnerships

TASN School Mental Health Initiative

Kansas leads the world in the success of each student.
Staffing and TASN Partnerships

Kansas leads the world in the success of each student.
Topics

- Overview
- Sustainability, Challenges, and Outcomes
- Process Replication
Kansas State Board of Education’s Kansans Can Vision

KSDE School Mental Health Framework
Kansas MTSS and Alignment

- 5%
- 15%
- 80%
School Mental Health Professional Development and Coaching System

Objective 1  
Strengthen capacity of cross-system teams.

Objective 2  
Implement tiered, trauma-informed, mental health interventions.

Objective 3  
Data-based decision making for continuous improvement.

Objective 4  
Replicable resources, protocols, and processes.

Kansas State Department of Education. http://www.ksde.org
Professional Development and Coaching

Executive-level leadership

Authority to reallocate resources, change policy, sustain, and scale cross-system practices across the district and community levels.

Partnering organization(s)

Community mental health agency, foster care agency, child advocacy organizations, faith-based groups, law enforcement, and hospitals.

Aligning and integrating mental health efforts across district and community partners

High levels of collaboration, communication, planning, and coordination within a District/Community Leadership Team (DCLT).
Professional Development and Coaching

Domain #1: Cross-System Collaboration and Alignment

Domain #2: Trauma-Responsive School/Community Practices

Domain #3: Family/Caregiver Engagement
Domain 1: Cross-System Collaboration and Alignment

Participants: DCLT

Support Provided: Facilitation, coaching, and assistance with resource development
Domain 2: Trauma-Responsive School/Community Practices
Participants: DCLT, building and community staff
Support provided: Online training and coaching
Domain 3: Family/Caregiver Engagement

**Participants:** Families, school staff, and community partners

**Support provided:** Training, coaching and learning supports
Topics

- Overview
- Sustainability, Challenges, and Outcomes
- Process Replication
**Examples of Outcomes**

1. **Improved Efficiency**
   - Continuity of policies, practices, and language across district and community partners
   - Decisions based on both district and community data

2. **Improved Effectiveness**
   - Development of a plan that addresses the competencies necessary for implementation, implementation fidelity and measuring impact

3. **Refinement and Sustainability**
   - The systems-level infrastructure needed to support effective practices
Wellington Progress Update

Strengths:
● Kansas MTSS and Alignment
● Executive Leadership
● Dedicated coaches

Goals:
● Continuum of supports
● Systems level policies and protocols
Abilene Progress Update

Strengths:
● Kansas MTSS and Alignment
● Cross-System Teaming
● Action Planning

Goals:
● Becoming a Trauma-Responsive system
  ○ Enhancing Social Emotional Learning
● Progress Monitoring of Interventions
Topics

- Overview
- Sustainability, Challenges, and Outcomes
- Process Replication
Examples

Team Workbooks and Toolkits
- Mental Health Toolkit
- Suicide Prevention Toolkit
- Implementation Guide

Trauma Modules
- Moodle Modules
- Activities

Family Engagement
- Trainer of Trainers
- Focus Groups
- Additional Resources
Where to Find Us

Find our Resources:
http://ksdetasn.org/smhi

Follow us on Facebook:
http://facebook.com/TASNSMHI

Tweet with Us:
http://twitter.com/TASNSMHI
@TASNSMHI
KANSAS COMMUNITY CARE NETWORK

Denise Cyzman, CEO
School-based Care: A Link between Education and Health

February 14, 2019

Denise Cyzman, CEO
Community Care Network of Kansas
Who We Are

We exist to achieve equitable access to high quality health care for all Kansans.
What We Do

✓ Advocacy
✓ Communication
✓ Education
Kansas Youth Health

- 1 in 6 Kansas Youths – no preventive medical visit
- Kansas - 46th worst for adolescent immunization
- 29% overweight/obesity
- 24% felt sad or hopeless almost every day
Youth - Barriers to Health Care

- 75% lack of knowledge or support
- 66% cost/affordability
- 64% embarrassment/acceptability
- 46% unaware
- 38% transportation

Source: Kansas Adolescent Needs Assessment, 2015
Education and Health

• 1 out of 7 children miss 10 days due to illness
  – Children with mental illness may reach 18-22 days

• Life circumstances amplifies health effects
  – More than 336,000 children live in poverty
  – Chronic Stress
  – Access to health care

School Health is the Link
A Solution

LINK HEALTH CARE AND EDUCATION

• School-based health center
• Adolescent Clinic
• School clinics
• Mobile Clinic
• Health Resource Center
• Wellness Center
The Kansas Model

Communities

Oral Health

Behavioral Health

Medical

Community Care Network of Kansas
37,000 students served

LOCATION

- School-based clinic: 4
- Provider at school: 7
- Mobile clinic: 6
- Other: 8

COMMUNITY CARE
NETWORK OF KANSAS
Kansas School Districts

27

COMMUNITY CARE NETWORK OF KANSAS
It Works!

- Improved Access to Care
- Reduced Barriers to Care
- Reduced Hospitalization
- Reduced Emergency Department Use
- Reduced Absenteeism
- Reduced Tardiness
- Improved Graduation Rates

And so forth.....
Why are we here?

• High need
• Life circumstances
• Focus on children and education
• Existing and emerging partnership between schools and community health/health care
• Opportunity to gain momentum

NOW IS THE TIME
Our Solution

• School funding to support new school-based services
• Partnership between school and health center
• Required whole person care
• Tailored to students
• Serves all children, possibly staff, family and community
Our Solution

• Cover start-up costs
  – Two-year funding
  – Becomes self-sustained with Medicaid and Private Insurance

• Statewide
  – 10-20 school districts, first two years alone
  – Staggered implementation over 4 years
  – RFP process identifies school districts

• Training and Technical Assistance
Evaluation:

- Independent evaluation
- Education outcomes
- Health utilization
- Health outcomes
- Satisfaction
School-Based Services

Health Partnership Clinic

Dr. Wael Mourad – Chief Health Officer

Dr. Rhiannon Moore – Assistant Director of Behavioral Health
Integrated School-Based Clinic

- Initiation of services: February 2018
- Location: onsite at one elementary school in the Shawnee Mission School District (SMSD)
- Purpose: to provide a *Medical Home*
- Population: children and adolescents enrolled at any SMSD school
- Availability: Two half-days per week
Services available

• Medical
  • Immunizations
  • Physicals/Well-child visits
  • Acute/sick visits
  • Psychiatric medication management

• Dental
  • Screenings
  • Cleanings
  • Fluoride
  • Routine prevention and maintenance

• Behavioral Health
  • Diagnostic interview
  • Psychological testing/evaluation
  • Preventative screenings for depression, substance use, Adverse Childhood Experiences (ACES)
  • Brief, targeted interventions
Outcomes to-date: Visit Type

• Medical = 202 patients with 206 visits
  • 60% well visits

• BHC = 27 patients with 31 visits
  • Stress, Depression, Anxiety, ADHD, Mood Disorders, Functional/Developmental Disorders, Conduct Disorders, Neglect/Abuse

• Dental = 53 patients
  • 29 integrated visits
  • 24 independent visits
Demographics: Insurance Status

• Insurance break down:
  • MCD = 40%
  • Commercial = 22%
  • Uninsured = 38%

• Homeless: 10 patients

• Poverty level:
  • 100% and below = 53%
  • 101%-150% = 24%
  • 151%-200% = 21%
  • Over 200% = 2%
Demographics: Race/Gender

- 29% Hispanic
- 71% Non-Hispanic
- 48% Female
- 52% Male
Opportunities for expansion
Additional school-based services

• Two high schools within the Olathe School District
• Onsite behavioral health providers 5 days per week
• Diagnostic interviews, ongoing therapy, prevention/maintenance, crisis intervention, consultation and collaboration with school staff, educator trainings, education and advocacy activities
SMALL GROUP DISCUSSION

How can the School Mental Health Advisory Council help overcome barriers in the collaboration between school districts and community mental health centers around school mental health?
SHARING DISCUSSION HIGHLIGHTS

Each group will share the highlights from their discussion
SUICIDE PREVENTION TOOLKIT

Myron Melton, KSDE
Mattie Kay Stewart, TASN-SMHI
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Youth and Adolescent Suicide in the United States

- Nationally suicide is among the second leading cause of death for adolescents and young adults ages 10-24.
- Suicide has risen to the third leading cause of death in youth who are ages 5-14 years of age in Kansas.

“Each day in our nation, there are an average of over 3,041 attempts by young people grades 9-12. If these percentages are additionally applied to grades 7 & 8, the numbers would be higher.”

-Jason Flatt Foundation


SUICIDE PREVENTION TOOLKIT

Introduction
Convey necessity of suicide prevention, intervention, and postvention

Section 1: Developing the Internal School System
Prevention through education and school mental health teams

Section 2: Planning Interventions in a Suicidal Crisis
Intervening and assessing suicide risk

Section 3: Implementing Postvention Responses
Immediate and long term aftermath response
SMHAC REVIEW

☐ Sign-Up sheet for toolkit review
☐ Review/Feedback Date:

Section 1: Developing the Internal School System

Below, please enter your feedback on the corresponding sub-section.

Prevention
Your answer

School Mental Health Team
Your answer

School Mental Health Team Roles and Responsibilities
Your answer

Would you like to provide feedback on an additional section? *

☐ No, I have finished providing feedback.
☐ Introduction and Jason Flatt Act
☐ Section 2: Planning Interventions in a Suicidal Crisis
☐ Section 3: Implement Postvention Response
☐ Key Terms and Acronyms
WRAP – UP AND NEXT MEETING

April 11, 2019
9 AM – 2 PM
Washburn Technical School
Conference Center
5724 SW Huntoon
Topeka, KS