

KANSAS SCHOOL MENTAL HEALTH ADVISORY COUNCIL MINUTES



School Mental Health Advisory Council

Details

Date: October 19, 2023

Time: 9 am – 3:00 pm

Location: Zoom

Welcome, Betty Arnold, Chair at 9:06 AM

Roll Call

Members: Members (x present, blank absent):

| | | | | | |
|---|-------------------|---|---------------------------------------|---|--------------------------|
| X | Betty Arnold | | Judi Rodman | X | Sarah Schlagel |
| X | Dr. Jane Groff | X | Justin Groth | | Scott Anglemyer |
| X | Brenda Quigley | X | Kasey Dalke | | Shelby Bruckerhoff |
| | Cherie Blanchat | X | Kathy Kersenbrock-Ostmeyer (Kathy KO) | | Sherry Dumolien |
| X | Diane Gjerstad | | Keelin Pierce | X | Shirley Scott |
| | Dinah Sykes | | Kelsee Torrez | | Sue Murnane |
| X | Erica Molde | X | Kiley Lockett | X | Dr. Sylvia Trevino-Maack |
| X | Geary Henault | | Kimber Kasitz | X | Tamara Huff |
| | Holly Yager | X | Leia Holley | X | Tracie Chauvin |
| X | Idalia Shuman | | Linda Long | | Zenah Chepkwony |
| X | Janey Humphries | X | Marcia Wesman | | |
| X | Jessica Lane | X | Mark Torkelson | | |
| | John Doll | | Pam Weigand | | |
| | John Eplee | | Dr. Ryan Vaughn | | |
| X | Dr. John McKinney | X | Samantha Brown | X | Brad Girard |
| X | Jose Cornejo | | | X | Fran Brayne (Avery) |

Attendance: 24 present Quorum (20)

KSDE Staff:

| | | | | | |
|---|---------------------------|---|-----------------|---|-----------------|
| X | Bert Moore | X | Kerry Haag | X | Alysha Nichols |
| X | Barb Depew/Cheryl Johnson | X | John Calvert | X | Angie Brungardt |
| X | Kayla Love | X | Maureen Tabasko | X | Gail Tripp |
| X | Kent Reed | | Trish Backman | X | Melanie Scott |

Guests:

Frances Avery, Andres Mata, Angie Stallbaumer

Agenda Approval: Approved at 9:50 AM

Minutes Approval: Approved at 9:52 AM

Public Comments

- No public comments.

Closed at 9:55 AM

Kansas DCF Family Crisis Response

Frances Avery

- KS DCF Family Mobile Crisis Helpline: Background and Functionality
 - **Call, text, or chat with the helpline at 833-441-2240.**
 - Services are available for all Kansans 20 years old or younger, including anyone in foster care or formerly in foster care.
 - Digital flyers are available in English, Spanish, Marshallese, and Vietnamese.
 - Statistics and Information
 - Suicide is a major concern even amongst adolescents, ages 12 to 17.
 - Among age group 12 to 17, 2.5% have been hospitalized following an attempted suicide, 8.9% tried to attempt, 15.7% have made a plan, and 18.8% have considered suicide (CDC).
 - The second leading cause of death in children ages 10 to 14 is suicide (CDC).
 - From 2016, 21.9% of children ages 3 to 18 with depression did not receive the care that they needed for depression.
 - In Kansas, there are around 481,750 students enrolled across 1,305 schools.
 - Kansas ranks #22 for number of counselors to students. There are about 1,217 counselors for 481,750 students which creates a 1 to 396 ratio.
 - There has recently been legislature passed to allow professional counselors residing in a compact member state to practice in another compact state without the need for multiple licenses.
 - The helpline was developed by the Kansas Department of Children and Families with support from the Kansas Department of Aging and Disability Services. It was launched on October 1st, 2021.
 - It is currently co-branded with several state agencies including the Kansas Children Services League, the Association of Community Mental Health Centers of Kansas, the Kansas Department of Education, the Kansas Department of Health and Environment, the Kansas Department of Aging and Disability Services, the Kansas Department of Correction, and Carelon Behavioral Health.
 - The helpline falls under the umbrella of 988 Suicide and Crisis Lifeline.
- Virtual Crisis Call Center Workflow
 - Call, text, or chat
 - Immediate Support
 - The helpline is 24/7 and staffed by licensed clinical professionals. There

- should not be a long wait time.
 - Active Engagement
 - Safety assessment, collaborative problem-solving, de-escalation, and referral.
 - Conducted by state-designated clinically trained crisis specialist with designated virtual call center support from state-trained CLS virtual network.
 - Automated call performance statistics.
 - Integrated care record for caller demographics, managing referrals, Medicaid eligibility, and follow-up.
 - Tiered response based on acuity of need.
 - Referrals
 - For de-escalation calls, referral to clinical providers, community and peer support, and SDoH support based on member needs.
 - Mobile Crisis Response
 - If initial de-escalation is unsuccessful, completes community safety assessment to determine appropriate response level for mobile crisis (with or without active rescue).
 - Real-time dispatch monitoring and reporting.
 - Field Interventions
 - Mobile De-escalation successful
 - Community behavioral provider mobile team connects caller to intake clinician for appropriate referral.
 - Urgent/Emergent
 - Coordinates access to a higher level of care.
 - Follow-Up
 - Virtual Supports
 - Text-based follow up or connection to virtual peer communities (future state).
 - Peer Support Specialist
 - Follow-up within 48 hours, connects to appropriate care and case management.
 - All care tracked to the caller for continuity.
- Helpline Mobile Crisis Results Statistics
 - There is a 12-month rolling dashboard that shows the crisis calls that were dispatched, calls received, and counseling made.
 - 75% of individuals will not require another contact with the crisis helpline for 12 months after the initial call.
 - 90% of children who received the services will remain at home with a caregiver for 6 months after the date of the initial contact.
 - 90% of children who receive the service will not experience need for entry into foster care or out of home placement within 12 months after the date of the call.
 - 90% of juveniles will not experience a contact with juvenile intake and assessment 6 months after the date of the initial call.
 - 75% of young people with mobile crisis who received mobile crisis services will experience no readmission to psychiatric hospital within 30 days of discharge.

- This timeframe is shorter due to the youth and adults who experience severe and persistent mental illness.
 - 75% who receive the services will not experience the move to another placement provider within 90 days after the date of the initial contact.
 - State and National Partners
 - 988
 - The Helpline is a pillar of 988 for the population 20 and under.
 - Kansas Suicide Prevention Headquarters
 - 26 Community Mental Health Centers/CCBHCs
 - Kansas Children’s Services League/1-800-Children
 - Kansas KidsMAP
 - University of Connecticut Mobile Response Stabilization Services (MRSS) National Consortium
 - 2-year consortium for teaching opportunities. They meet twice a month for development and improving all mobile crisis services in Kansas.
 - Helpline Experiences
 - The Helpline has had a number of experiences across demographics.
 - Flyers are being distributed broadly across the state to the point where a helpline worker found one in their child’s backpack. Foster parents are able to call for concerns about their foster child. 18-year-olds have called after self-injury. Moms and other guardians have called for the safety of their child. Other calls have also been initiated due to DCF Case Managers sharing flyers during home visits.
 - Questions and Answers
 - Is there a charge for the service?
 - No. If the caller is a Medicaid member, Medicaid will be billed. Non-Medicaid members are free of charge.
 - Who can call?
 - Anyone can call, whether it is the Kansas youth 20 or younger or someone on behalf of the Kansas youth.
 - What constitutes a crisis?
 - If the young person feels like it is a crisis. It is up to their definition.
 - What is the difference between a situation that is or isn’t a crisis? What should parents/families/guardians/friends be looking for in that difference?
 - The bar can be low depending on what the youth believes to be a crisis. It may not be when to call but rather what phone number to call to best fit the situation, such as suicide prevention. They may just need someone to talk to or further intervention.
 - When in doubt call. For example, the Headquarters Kansas phone line isn’t just for suicidal thoughts, it can be called for any reason.
 - Gatekeeper training: <https://ksprc.learnupon.com/store/3368908-suicide-intervention-a-gatekeeper-training>
 - Will a Mobile Crisis Unit be dispatched every time?
 - No, the helpline isn’t at that point yet. During those times, the helpline is doing everything possible to keep the safety net layers in place.
 - What if there is a medical emergency or a risk of physical harm or other criminal activity?

- If someone is physically ill and needs an ambulance, the helpline does call 911 in that case. If it is not absolutely necessary, the helpline tries to address the situation through whatever else is possible.
 - What if your phone number has an out-of-state area code?
 - If you are calling this number from an out-of-state area code, one of the first things you should say is that you are calling from Kansas.
- For information about the helpline, contact Frances Breyne Avery, J.D. Executive Director, Kansas Engagement Center. Carelon Behavioral Health.
Frances.Breyneavery@carelon.com

MHIT Updates

John Calvert

- What is the MHIT?
 - Focuses on K-12 students and their families by identifying students, helping families navigate mental health services, and linking them to the already existing statewide behavioral health system and resources with the Mental Health Providers network.
 - The program funds liaisons that identify kids and works with parents, school districts, and mental health providers to connect these students to services provided within the school.
 - Focuses additional resources on foster students in need of Mental Health Services.
 - Liaisons work closely with Foster Contractors.
 - Helps break down barriers in place for youth to receive mental health services.
 - Examples: Parents/Guardians having to take off work for appointments, transportation to services, missing a large portion of the school day for students, etc.
 - Statistically, 1 in 13 of our youth will attempt suicide.
- Monitoring
 - Schools identify one or more 'indicators of concern', which impact school success, to track:
 - Academics
 - Attendance
 - Internalizing Behaviors
 - Externalizing Behaviors
 - Liaisons are 'the bridge' – sharing educationally appropriate information with providers and classroom, helping families navigate waivers and paperwork, and scheduling services.
 - Communication between the Mental Health Professional and school is permitted through both an MOU and if the parent agrees, a release.
- Funding
 - Has been in the proviso bill every year since 2018.
 - High confidence that it will continue to be in the bill every year. Legislative effort has tried to codify it into law.
 - 75% of funding goes to Liaison salary and benefits.
 - 25% of total request of (1/3 of the 75%) flows through the district to the community mental health center.

- How it Started
 - 2018-2019
 - Legislators met with several districts and Community Mental Health Center (CMHC) leadership. The “Pilot” MHIT program and funding was approved for 9 districts and 5 CMHC partners:
 - Pilots: KCK, Topeka, Wichita, Parsons, Garden City, Consortium of Abilene, Solomon, Herington, Chapman.
 - Pilot CMHC: PACES, Family Service and Guidance Center, Labette County Mental Health, COMPASS, and Central Kansas Mental Health.
 - The program funding 45 liaisons.
 - The first year 212 Foster Students were served.
 - Total number of students receiving services: 1,708.
- Students Served by School Year
 - 2018-19: 1,708 (9 districts)
 - 2019-20: 3,266 (32 districts)
 - 2020-21: 4,711 (56 districts)
 - 2021-22: 5,117 (56 districts)
 - 2022-23: 6,014 (66 districts)
 - Number of liaisons: 150
 - 552 foster students served.
- 2023-2024 School Year
 - 90 School Districts applied.
 - 24 NEW districts.
 - 182 Liaisons.
 - MHIT is currently growing at an appropriate rate in terms of district willingness and mental health provider capacity.
- Wichita State Study
 - Effectiveness study mandated by legislature.
 - Without individual student data for analysis, true effectiveness cannot be established. Aggregate data is not adequate for demonstrating effectiveness.
 - School-wide impacts included improved school climate, a decrease in stigma, and an increase in resources and mental health services.
 - MHIT team members consistently responded that they have seen a reduction in the stigma of mental health services, improvement in outcomes for students, better coordination of care for students, and improved communication regarding students.
- Wichita State Study Conclusion
 - We can offer conclusions about the perceived impact of the program based on the information gathered from the liaisons and the mental health providers. MHIT team members consistently responded in interviews, surveys, and when shadowed by WSU-CARE staff, that they have seen a reduction in the stigma of mental health services, improvement in outcomes for students, better coordination of care for students, and improved communication regarding students. The dedication and commitment of liaisons and mental health staff involved in MHIT programs was evident throughout the process and can be seen in the extraordinarily strong response to the survey. The high rate of

response is also an indication of the perceived impact of the program.

- Success Stories
 - Our teachers and staff have become so familiar and comfortable with referring that we never have a shortage of referrals, and we have eyes on our kids, from the quietest kid to the kid with the loudest behaviors!
 - In-person weekly sessions have been extremely helpful in the therapeutic process.
 - Many of our foster students have been adopted by their placement homes in this community. I attribute a part of this to how our school works with those families, and how this program can provide services they need within this rural setting. It has been a major blessing seeing these students become part of something and how their progress in the program has improved as well.
 - Many of my students were not getting therapy because families struggled taking them for whatever reason, now they are guaranteed the help that they need because they are able to get it at school.
- Why this Matters
 - From a high school student: “My therapist saved my life”.
- MHIT 23-24 New School Districts:
 - 231 Gardner Edgerton
 - 234 Fort Scott
 - 244 Burlington
 - 246 Northeast
 - 258 Humboldt
 - 260 Derby
 - 263 Mulvane
 - 298 Lincoln
 - 303 Ness City
 - 307 Ell-Saline
 - 316 Golden Plains
 - 322 Onaga-Havensville-Wheaton
 - 331 Kingman-Norwich
 - 343 Perry Public Schools
 - 376 Sterling
 - 400 Smoky Valley
 - 409 Atchinson Public Schools
 - 412 Hoxie Community Schools
 - 419 Canton-Galva
 - 429 Troy Public Schools
 - 443 Dodge City
 - 475 Geary County Schools
 - 481 Rural Vista
 - 493 Columbus
- Regional Meetings
 - Southwest Kansas: 9/20 in Hutchinson
 - South Central Kansas: 9/26 in Maize
 - Southeast Kansas: 11/16 in Independence
 - Northeast Kansas: 10/5 in Olathe

- North Central Kansas: 10/10 in Wamego
- West Kansas: 10/13 in Hays
- Regional meetings are held to have face to face interaction with providers and learn from each other due to the diverse nature of each program. It also provides an opportunity to hear about different experiences or ideas. Each program can be flexible to fit its community.
- 2023-2023 MHIT in October
 - Partnering with Foster Care Providers.
 - Liaisons were able to attend the monthly meetings and listen to foster care partners describe the process of a foster care student and how the program can assist with it.
- Points of Contract for Educational Matters
 - Kansas Foster Care Education Liaison
 - Lauren Taylor – Cornerstones of Care
 - 816-730-2230
 - Lauren.Taylor@cornerstonesofcare.org
 - Education and Transition
 - Kim Duncan – KVC Health Systems
 - Education and Transition Specialist Supervisor
 - 913-444-2186
 - kduncan@kvc.org
 - Terrisa Razey – KVC Health Systems
 - Education and Transition Specialist
 - 785-230-7139
 - trazey@kvc.org
 - Stephanie Bivins – KVC Health Systems
 - Education and Transition Specialist
 - 785-893-4267
 - sbivins@kvc.org
 - Education Coordinators
 - Stephanie Pfannenstiel – Saint Francis Ministries
 - West Region
 - Office: 620-793-7454 ext. 4421
 - Cell: 620-278-6604
 - Stephanie.pfannenstiel@st-francis.org
 - Lyssette L. Cruz, EdM – Saint Francis Ministries
 - Wichita Region A-K
 - Office: 316-831-0330
 - Cell: 316-368-1505
 - Lyssette.Cruz@st-francis.org
 - Jerry Cress – Saint Francis Ministries
 - Wichita Region L-Z
 - Office: 316-831-0330
 - Cell: 316-372-1590
 - Jerry.cress@st-francis.org
 - DaKota Hilburn – Saint Francis Ministries
 - West Region

- Office: 785-825-0541
 - Cell: 785-376-1388
 - Dakota.hilburn@st-francis.org
- Educational Specialist
 - Kristen Clemens – TFI
 - Office: 620-371-8634
 - Cell: 620-366-9973
 - kclemens@tfjfamily.org
- DCF Regional Contacts
 - Kansas City Region
 - Jennifer Thomas
 - Jennifer.Thomas@ks.gov
 - Kansas City counties are served by Cornerstones of Care.
 - Northeast Region
 - Rhonda Deters
 - Rhonda.Deters@ks.gov
 - Northeast counties are served by KVS Health Systems.
 - Southeast Region
 - Heather Owens
 - Heather.Owens@ks.gov
 - Southeast counties are served by TFI.
 - West Region
 - Jenny Parker
 - Jennette.Parker@ks.gov
 - Northwest/Southwest and Sedgwick counties are served by Saint Francis Ministries.
 - Wichita Region
 - Kristin Peterman
 - Kristin.Peterman@ks.gov
 - Wichita (excluding Sedgwick) are served by TFI.
- School liaisons are actively using and benefiting from the Suicide Prevention, Intervention, Reintegration, and Postvention Toolkit for Kansas Schools developed by a workgroup within this committee.

YLink

Andres Mata

- Youth Leaders in Kansas (YLINK) Background
 - A program under KDADS. Currently in its 7th year.
 - Team
 - Gary Henault – Director of Youth Services
 - Linda Buchheister – Children’s Program Manager
 - Andres Mata – Youth Engagement Specialist
 - Offers an opportunity for young adults to develop community awareness and youth leadership skills during the formative ages of 12 to 18 years.
 - Includes civic engagement and self-advocacy.
 - Various YLINK sites can be found in cities and small towns across the state of Kansas. They operate with the local support and guidance of caring adult

volunteers, community partners, and alongside the youth's primary caregiver(s), especially parents.

- Activities
 - The program provides an array of experience which includes, but is not limited to:
 - Improving family and peer relationships
 - Community engagement
 - Incorporating knowledge and training for employment and/or vocational training
 - Self-advocacy skills
 - YLINK groups promote and provide programs that address:
 - Mental health stigma reduction
 - Suicide prevention
 - Behavioral health awareness
 - Youth voice and advocacy
 - There are also opportunities for youth to participate in the state legislative process and learn about politics and advocacy at every level. Providing input to the Governor's Behavioral Health Services Planning Council is a prime example. YLINK has two spots dedicated for use.
 - YLINK supports a youth conference annually to celebrate the successes of its local groups. The youth are joined by national speakers, attend breakout learning sessions on multiple topics, and have a lot of fun! The next conference is their summer conference in June 2024.
 - All groups are youth-led and directed with an adult sponsor (that typically manages finances). YLINK provides guidelines and the groups abide by it but tailor their group to the community.
 - For example, the Barton County group identified vaping as an issue within their schools and asked for a speaker to empower them on how to talk to school administration as well as peer to peer.
- Application for Youth MOVE
 - YLINK has submitted an application to joining the Youth MOVE network to help enhance the program and provide opportunities. They have been having internal conversations with them and are hopeful. If YLINK joins, they will be one of two State agencies within their chapter network (New Mexico is the other).
 - Mission
 - Youth MOVE National connects, supports, and develops youth leadership in advocacy to create positive change. We practice authentic youth engagement through youth driven decision making by elevating youth voices of lived experience. We ensure that young people are heard and valued as leaders in the agencies, communities, and systems that impact their lives.
 - Benefits of joining Youth MOVE:
 - Monthly Coaching Calls
 - Tipsheets, Templates, & Toolkits
 - Branding & Marketing Support
 - Chapter Chats
 - Exclusive Webinars & Trainings
 - Weekly Emails, Newsletters, & Alerts

- National Network Partner Opportunities
- State Events
 - On June 14th, 2023, 90 youth gathered for YLINK Annual Conference in Saline. They had a motivational interactive speaker and a training session on supporting your peers.
 - On March 2nd, 2023, over 200 youth joined YLINK at the Capital for Mental Health Advocacy Day. This event was sponsored by Carelon.
 - Provided awareness for YLINK within the state legislature and saw an increase in budget.
- Highlights
 - Wichita Northwest High Grizzlies for Change 2022-2023
 - This youth-led group put together a mental health first aid training for their teachers.
 - Dragons Lead the Way Belle Plaine High School 2022-2023
 - This group created “Mental Health Matters” t-shirts for Mental Health Awareness Month in May.
 - The KDADS Secretary, Laura Howard, visited a YLINK event and was able to give youth an opportunity to meet her and build momentum.
 - YLINK has received exposure in the Governor’s office and youths were given an opportunity meet and discuss their opinions to Laura Kelly.
 - A Clay Center YLINK youth got appointed to the National Youth Suicide Prevention group out of the University of Oklahoma.
 - There are currently about 45 groups in Kansas that equate to about 16 counties.
 - Allen County: Moran, Iola, Humboldt
 - Barton County
 - Butler County: Andover, Augusta, El Dorado
 - Clay County: Clay Center High School, Clay Center Middle School, Wakefield High School, Wakefield Middle School
 - Ford County: Dodge City
 - Harvey County: Burrton, Halstead, Hesston, Newton, Peabody, Sedgwick
 - Marion County: Goessel
 - Montgomery County: Independence
 - Reno County: Hutchinson High School, Hutchinson Middle School, Buhler High School, Haven High School, Prairie Hills Middle School, Nickerson High School
 - Sedgwick County: Student Empowerment, North High School, Northwest High School, West High School, Mental Health America
 - Shawnee County: Topeka West High School, Highland Park High School
 - Sumner County: Belle Plain, Wellington
 - Wallace County: Sharon Springs
 - Wyandotte Conty: Kansas City-Piper Middle School
 - Wilson County: Fredonia Jr/Sr High School
- Introduction and Summary
 - A. YLINK sites will develop goals focused upon community issues that support stigma reduction and youth advocacy.
 - B. These groups will be youth-led and youth-directed, but they will be supported

within guidance when needed from parents, guardians, or other adults providing supervision to the youth group.

- Outcome/Goal
 - A. Organize and develop leadership opportunities to include prevention, behavioral health stigma reduction and advocacy.
 - B. Encourage participation in Youth Mental Health Advocacy Day at the state capital.
 - C. Plan, organize, and hold events for Youth Mental Health Awareness Month in May.
 - D. Encourage participation in the annual YLINK conference.
 - E. Encourage participation in the State-Wide Youth Advisory Group providing feedback to the Governor's Behavioral Health Services Planning Council.
 - F. When using YLINK funds for an event, program, or activity, there is an expectation that the YLINK Banner will be displayed, youth will wear YLINK shirts, buttons, or other items that promote the connection with YLINK. The YLINK logo needs to be used on printed materials for the event. All printed materials with the YLINK logo will need to be approved by KDADS prior to printing.
- Services to be Provided:
 - A. Each YLINK site shall participate in an array of activities focused upon mutual support, leadership opportunities, improved relationships, and strengthening community supports.
 - B. Each YLINK site will participate in activities in their community and at the state level that support the goals developed by the group focused upon youth leadership or the reduction of stigma and/or bullying.
 - C. Each YLINK site will participate in:
 - 1. Regularly scheduled meetings with adult supervision/support
 - 2. Mental Health Awareness activities
 - 3. Annual YLINK Advocacy Day
 - 4. YLINK Summer Conference
 - 5. YLINK Regional Meetings
 - D. Each YLINK site will work to develop community partners that will support the goals of the YLINK site.
- Deliverable and Reporting
 - A. Each YLINK site will submit quarterly reports that are due no later than 15 days after the end of the month following each quarter end. These shall include:
 - 1. Current Goals
 - 2. Meeting dates, events, and activities
 - 3. Number of persons participating
 - 4. Number of youths covered by KanCare
 - 5. Future Plans
 - B. Expenses shall be documented in the form of an invoice and submitted to KDADS staff. Reimbursement will occur 30-60 days upon receipt.
 - C. The follow release shall be on the FINAL financial report:
 - "Contractors hereby understands and agrees that final payment being made in the amount above and it released the Contractor and KDADS from any further claims under this Agreement, subject to KDADS contract close-out procedures. After payment of the Final Financial

Report (Final Payment), no further amount shall be due or payable by KDADS under this agreement.”

- Save the Dates
 - March 13th, 2024
 - YLINK Advocacy Day
 - Kansas State Capital
 - June 12th, 2024
 - YLINK Summer Conference
- Shayla Littau and Kailey Sprague
 - From Fredonia Junior High School, Kailey Sprague is a senior in YLINK and Shayla Littau is the adult sponsor of the local YLINK group.
 - Testimony
 - How has YLINK impacted you?
 - Before YLINK, Kailey stated that she would just stay home and never do anything, letting her emotions pile up inside. YLINK taught her healthy communication and emotional regulation. She’s been able to step out of her comfort zone and she recently competed in a pageant. It helped her open up and show that she “wasn’t just meant to be lazy and sit on the couch. I was meant to go out and do other things”.
 - Mental Health and Recovery
 - When Kailey was 12, she tried to commit suicide. She was struggling with her mother’s jail time and drug abuse. She received PRTF but felt like it didn’t help her. She also struggled with self-harm but has not done it since December 4th, 2021. YLINK helped her know that she is not alone and work through what she was going through.
 - What is your plan after high school graduation?
 - Kailey wants to go into social work and help other people who has gone through the same things as her and show them what helped and give a listening ear.
 - Fredonia High School Presentation
 - Kailey was able to give a presentation on YLINK to Fredonia Junior High School for Recruitment Day. Fredonia is a small school, but many showed up and she was able to gain a new member. They had 23 people sign up that day.
 - YLINK from the perspective of a Mental Health Center
 - In Independence, there is a group facilitated by the CMHC. For groups in schools and CMHC, there are pros and cons. CMHC groups may not get as much participation due to stigma while school groups are able to access more kids in services. Through YLINK, Shayla has seen youth get in for intake and access therapy and case management services. It has been great for her to see youth warm up to the group and be able to open up and see their peers support them.
 - A future goal for the Independence group is to visit elementary schools and meet with the kids to work on

self-regulation and identifying abuse.

- For Kailey, she is able to connect with peers at school who reach out to her. She can find a private room and let them talk when they ask for help. She has found this extremely helpful.
- Meetings are typically two hours. A majority of the time is spent checking in with the youth, doing high and lows of the week, and identifying needs in the community. Kids are able to open up in the meetings and have a safe space. They are provided self-advocacy skills and ways to cope.
- How do you increase awareness of YLINK?
 - A lot of time is spent trying to recruit new members. They network with organizations in the community, hand out flyers, host events, set up tables, etc. Community engagement has had the biggest impact to getting new members as well as educating parents and other organizations about the program. This also helps other areas start their own YLINK group.

Bullying

Kent Reed, Angie Stallbaumer

- Anti-Bullying Awareness Week
 - There has been a joint resolution signed by the State Senate and State Board of Education to designate the first week of October as Anti-Bullying Awareness Week.
 - October 3rd, 2023 was the Wear Pink Challenge by KSDE to raise awareness and address the harm that bullying creates.
- KSDE Bullying Prevention Webpage
 - Blue Ribbon Task Force on Bullying
 - On March 12, 2019, Commissioner Randy Watson commissioned a task force to look at bullying prevention across the state of Kansas. There were around 30-40 members and recommendations were presented to the state board in December 2019.
 - Link to KSDE Bullying Prevention webpage
 - <https://www.ksde.org/Agency/Division-of-Learning-Services/Career-Standards-and-Assessment-Services/Content-Area-M-Z/School-Counseling/School-Counseling-Resources/Bullying-Prevention>
 - On the webpage, one can find the recommendations presented to the State Board of Education, the Blue Ribbon Task Force Final Report, and anti-bullying awareness resources.
- Bullying Prevention and Intervention: The Role of the Board of Education
 - Dr. Marcia Wiseman with the Kansas Association of School Boards (KASB).
 - Board's Role
 - The Board's job is not to run the district, it is to make sure the district is run well.
 - The Board decides the "what" should be done, and the Superintendent's team decides/recommends on the "how" it gets done.
 - The Board Governs
 - Sets Expectations

- Decides
 - Establishes Visions
 - Adopts Policy
 - Evaluates Results
 - The Superintendent Leads/Manages
 - Leadership/Supervision
 - Recommends
 - Develops Plans
 - Implements Plans
 - Monitors Progress
- Seven Ways the Board Directs the Districts
 - Policy
 - Handbooks
 - Directives to superintendent
 - Evaluating the superintendent
 - One way the board's directives are exercised.
 - Goal setting
 - Negotiated agreement
 - Allocation of resources
 - Example: Needs assessments and the budget.
- Kansas History for Locally Elected Boards
 - 1859 – “Local public schools under the general supervision of the state board of education shall be maintained, developed, and operated by locally elected boards”.
 - Kansas schools have been founded on the idea of local control.
- Duties to parents and to protect students
 - Parens patriae
 - The idea that the school district, as a governmental entity, is the legal protector of students unable to protect themselves.
 - In loco parentis
 - The concept that school officials stand in the parent's place while minor students are at school.
 - K.S.A 38-141
 - “Parents shall retain the fundamental right to exercise primary control over the care and upbringings of their children in their charge”.
 - This statute has been used to sue school districts for perceived encroachments of parent rights, as parents make decisions related to their children's upbringing even while they are at school.
 - This is especially related to bullying due to the educator's responsibilities to care for kids and keep them safe when parents are not present.
 - Duty to warn parents
 - If a district has information that a parent would want to know and which may have an impact on the child's health and/or safety, district staff should generally share that information with the

- parents.
 - There are exceptions, such as if the staff member suspects sharing student record information with the parents may harm a child or other person. See K.S.A. 38-2209.
 - Board policy and handbook language act as district law.
 - In the absence of law telling you how to handle a situation, a school district can make its own rules.
 - Kansas Bullying Law K.S.A 72-6147
 - The School Board of each district must have a policy to prohibit bullying as well as a plan to address bullying. The plans must include provisions for the training and education of staff members and students.
 - What bullying means under this law:
 - 1. Intentional Gesture
 - 2. Written
 - 3. Verbal
 - 4. Electronic
 - 5. Physical
 - 6. Threat
 - By student, staff, or parent towards a student or staff member.
 - Sufficiently severe, persistent, or pervasive to create an intimidating, threatening, or abusive educational environment.
 - Physical bullying is considered the most severe followed by cyber bullying, verbal bullying, then relational bullying.
 - Kansas Blue Ribbon Task Force on Bullying Recommendations
 - KSDE should examine the current state law and determine if it requires consideration and provide appropriate guidance.
 - The determination was made that the current state law on bullying was broad enough to allow schools to handle bullying and didn't need changing.
 - It is believed that the barriers to bullying prevention are not because of the law.
 - Continue state's focus on social-emotional and character development education to address school bullying.
 - Kansas Social, Emotional, and Character Development Model Standards – Adopted by the Kansas State Board of Education April 17th, 2012. Revised July 2018. K-2 (5-7).
 - Character Development I. Core Principles
 - C. Create a caring community.
 - 3. Take Steps to prevent peer cruelty of violence and deal with it effectively when it occurs digitally, verbally, physically and/or relationally.
 - a. Recognize and define bullying, teasing, and harassment.
 - b. Illustrate or demonstrate the definitions of what "tattling" is and what "telling" or "reporting" is.
 - c. Model positive peer interactions.

- To truly get an impact, these standards should be started with early childhood and primary grades for effective outcomes.
- Better support and direction for school districts:
 - Statewide unit established to offer guidance and support to school districts.
 - Bank of practices available for school districts.
 - School Mental Health Advisory Council
 - The plan calls for local school boards to receive an update and annual report on anti-bullying efforts within the district.
 - The work represents another step to reduce bullying in schools, including increased bullying over the internet.
- Local policies and plans must focus on relationships, school climate and culture, and the mental health impact of bullying in schools.
 - Includes building resiliency, mitigating trauma, creating safe spaces, nurturing school climate, addressing mental health needs of staff/students, building connections between the people, etc.
- The state needs better data on school bullying and measures for assessing program effectiveness.
 - The KCTC survey is an ambitious effort to gather information from students.
 - There is no collectively accepted measure for assessing bullying. This lack of accepted metric is a barrier.
 - K.S.A. 72-6316 Limits Use of Surveys
 - (a) A nonacademic test, questionnaire, survey, or examination containing any questions about the personal and private attitudes, values, beliefs, or practices of the student or the student's parents, guardians, family members, associates, friends, or peers that is administered during the school day shall not be administered to any students enrolled in kindergarten or grades one through 12, unless the parent or guardian of the student:
 - 1. Is notified in writing not more than four months in advance of the administration of such test, questionnaire, survey or examination that such test, questionnaire, survey, or examination is to be administered.
 - 2. Gives written consent through a written or electronic signature to authorize the student to take the test, questionnaire, survey, or examination or, in the event of an immediate need, gives verbal consent.
 - (b) A student shall have the right to refuse to take any such test, questionnaire, survey, or examination at any time without limitation.

- Most districts have been able to navigate K.S.A 72-6316 to effectively collect data but it is still one challenge faced when looking at how to measure outcomes and what the needs are.
- Training, professional development, and teacher preparation.
 - Time, resources, and training are key.
 - Training for in-service teachers and pre-service teachers on bullying and youth suicide prevention recommended.
 - Most promising practices are those that are school-wide, universal, and involved parents and families.
 - 72-6284 Jason Flatt Act
 - The board of education of each school district shall provide suicide awareness and prevention programming to all school staff.
 - This is at least one hour of training each year based on programs approved by the state board of education.
 - Building crisis plans developed for each school building shall include steps for recognizing suicide ideation, appropriate methods of intervention, and a crisis recovery plan.
 - Title IX Training
- Addressing cyberbullying
 - Cyberbullying can be exceedingly pernicious.
 - Districts need to consider specific policies regarding cyberbullying and work with families and find effective ways to address this behavior.
 - Specific strategies on dealing with cyberbullying is included on the KSDE website.
- Strategies for K-12 Leaders
 - From stopbullying.gov:
 - 1. Assess bullying in your schools
 - 2. Establish a safe and supportive school climate.
 - 3. Respond quickly and consistently when it occurs.
 - Supports the Blue-Ribbon Task Force Recommendations.
- What We Know about Bullying and Suicide
 - Media often links bullying with suicide.
 - Most youth involved in bullying do not engage in suicide-related behavior.
 - Being bullied puts kids at risk but bullying alone is usually not the cause.
 - Many issues contribute to suicide risk.
 - Bullying can make an unsupportive situation worse.
- What We Don't Know about Bullying and Suicide.
 - If bullying directly causes suicide-related behavior
 - However, we do know enough about the relationship between the two to make evidence-based recommendations to improve prevention efforts.
 - CDC, 2014.
 - Everyone is harmed from bullying behavior including the survivor of bullying, the person engaging in bullying behavior, and

witnesses/bystanders.

- The Trevor Project released a study in 2021 that said overall, 46% of LGBTQ kids who were bullied were also suicidal.

Agency/Member Updates

Kerry Haag

- The Kansas Suicide Prevention, Response, and Postvention Toolkit has been updated.
 - <https://www.ksde.org/Agency/Division-of-Learning-Services/Student-Staff-Training/Prevention-and-Responsive-Culture/Suicide-Awareness-and-Prevention/Kansas-Suicide-Prevention-Response-and-Postvention-Toolkit>
 - There was a team assembled to update this.
 - Holly Yeager, Tracie Chauvin, Dr. Jessica Lane, and Melanie Scott lived experiences were instrumental in developing updated protocols that have trauma-informed and trauma-responsive language.
 - Erica Molde from Headquarters helped develop scripts for school districts to use. Including situations such as making calls to parents to seek permission to disclose death by suicide.
 - From KSDE, Trish Backman and Kent Reed helped with coordination.
 - The toolkit will be distributed in QR code slips format at the KSDE Annual Conference. The document is large and printing copies will be a long task. Disseminating the QR codes will give school mental health teams a chance to decide how they want to disseminate it locally.
 - Response from the field
 - Melanie Scott has had opportunities to present to different stakeholders and the reactions have been thrilled and thankful. Principals, counselors, nurses, SROs, CMHC, and more have been presented too.
 - KSDE has a 1-hour video that districts can use for their Jason Flat Training on the toolkit.
 - The toolkit was updated with HB 2567 in mind.
- The Trauma Responsive School Community Facilitation Workshops are starting to roll out again. There is a variety of formats and starts December 14th. There will be an information webinar, a module review, and on January 24th, 2024, there will be a workshop in Salina, KS.
 - It does not only contain information on what trauma responsive schools are, but includes how to plan, develop and facilitate a trauma-responsive school community within your own building.
- KSDE Annual Conference
 - The conference is on October 25-27th in Wichita, KS. It has many sessions including some on a lot of topics discussed in this meeting. Around 500 people have been registered so far. It is one of the largest gatherings of school-based professionals. It will be a good dissemination opportunity for the updated suicide toolkit.
- Erica Molde – Headquarters Kansas
 - The Kansas Suicide Prevention Headquarters has had a name change. The organization is now called HeadQuarters Kansas.
- Brad Girard – CHASE Families Together
 - The CHASE your Dreams Podcast has released a 45-minute-long podcast

featuring a Topeka youth, who is the son of a Families Together staff member. It discusses Wyatt and Lacey's experience with bullying and how he turned it into his own successful non-profit organization for anti-bullying.

- <https://open.spotify.com/episode/7fWavjZTla8JYKPOYnyOID?si=d7ec7033e9584c50>
- CHASE is expanding Fort Scott and has worked with TeleHealth Rocks.

New topics to address:

- If you have an idea for future topic or agenda items please contact either Jane Groff (jgroff@ksde.org), Kerry Haag (khaag@ksde.org), Trish Backman (tbackman@ksde.org), or Betty Arnold (barnold@ksde.org).
- Training ideas for restorative practices.

Betty Arnold, Adjournment

- Meeting adjourned at 2:21 PM

Next Meeting, December 14, 2023, 9:00-12:00 PM via Zoom

For more information, contact:



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