

**Kansas School Mental Health Advisory Council**

Sept 25, 2018  
9:00 – 12:30 p.m.

Meeting:  
**Washburn Technical Institute  
Topeka**

**Call to Order**

Kathy Busch called the meeting to order at 9:07 AM

New member introductions.

Safe and Supportive Schools Conference in Wichita is conflicting with our meeting today.

**Members Present**

Bert Moore  
Diane Gjerstad  
Holly Yager  
Kathy Busch  
Leia Holley  
Representative Russ Jennings

Bobby Eklofe  
Dr. John Heim  
Jessica Griffin  
Kimber Kasitz  
Rachelle Soden  
Senator Mary Jo Taylor

Cherie Blanchat  
Dr. Ken Hughey  
Kelly Hall (for Judi R)  
Lora Bors  
Shirley Scott  
Susan Leonard for  
(Dr. McKinney)

**Members Absent**

Annie McKay  
Kathy Mosher  
Representative Ed Trimmer

Christie Appelhanz  
LeEtta Felter  
Ronny Lieurance

Dr. Jane Groff  
Pam Weigand  
Senator Pat Pettey

**KSDE Staff**

Laura Jurgensen  
Jordan Christian

Kerry Haag  
Amy Martin

Pat Bone

**Guests**

**Approval of Agenda**

Bobby Eklofe moved to approve the agenda. Shirley Scott seconded the motion.

Motion passed

**Approval of Minutes**

Leia Holley moved to approve the minutes. Kimber Kasitz seconded the motion.

Motion passed.

Public Comment:

Kelly Stanford, Communities in Schools. Handouts.

How our work connects to the councils work to support mental health efforts in schools.

- National Federated Network of nonprofit organizations that provide wrap around services to students.
- Develop and coordinate community services to meet needs.
- Provides a model to support teachers so they can do what they are in the classrooms to do, which is teach.
- In 31 districts this year.
- We collaborate with counselors and social workers to see where we can support the work they are doing.
- Multi-tiered supports model, for all students (whole school level of support), for students who need support levels 2 and 3.
- More intensified supports at level 2. Level 3 most intense type of service, one on one with the student.
- Research services for programs the school needs but does not have in place.
- Connecting mental health professionals.
- Peer counseling and crisis intervention.
- Parent classes. Often reaches parents who are reluctant to engage with school staff.
- Services are needs based in each community, not pre-defined by the CIS organization.
- All Staff are trauma informed care trained.
- Please contact Kelly if you are interested in more details on what is available. We must address student social emotional needs to increase academic performance. [Kelly.stanford@cismidamerica.org](mailto:Kelly.stanford@cismidamerica.org)
- Site coordinators – do they communicate with residential centers? Yes, they can be involved. Help parents and students navigation of those systems.
- Capacity to grow? WE have been working from a centralized administrative structure. We are part of a 5 state region. Regional management is in each of those regions. Most of our work is in rural communities. We are committed to serve those rural communities. Working to meet the realities of those communities.
- Working to braid funding streams to build bridges and sustain programs we are working with.
- Peer counseling in level 2. A lower level of support working with a site coordinator. Group counseling and connecting with their peers. Used to overcome barriers a student is facing.

Kathy provided background information on where the council is headed today. We will be having discussions around suicide prevention and child sexual abuse to determine what recommendations we as a council want to make to the State Board in January and then to the Kansas Legislature in late January.

We will provide you some background information and a draft survey to gather information from across the state to help us focus on what our schools need.

We will spend time in small group discussions and then report out to the large group to see where we will be going at our December meeting.

Suicide Prevention – Laura Jurgensen

Monica Kurz presented on Kansas suicide prevention data at the July meeting. Reviewing the Jason Flatt Act and the ongoing work in this area as we prepare for the upcoming legislative session.

- KSA 72-6284 Statute on Suicide Prevention
- State Board has authority to pass regulations addressing need in schools. State Board is established under the Kansas constitution which also gives it the authority to pass regulations. Regulations are laws.
- Key parts of requirements
  - Training for all school staff
  - Notification to parents of these training components and access to them
  - 1 hour of training per calendar year minimum.
  - We are hearing that this minimum training is occurring. Schools are looking for help developing a building crisis plan.
- Last year (2018)
  - Senators Givens and Rogers introduced a bill in the Senate Education Committee. 2018 SB 333 – This bill died in committee. Senate Education held a hearing on the bill.
  - Italics is new language. Strike type is proposed deletion of wording.
  - Attempting to Increase transparency of the training requirements.
  - Differentiate training by staff responsibilities.
  - Cost of training staff who never sees students was a component for consideration.
  - Testimony was received both in person and in written form.
  - Opponents wanted to remove the minimum training level.
  - Kathy Busch and Jim Porter, State Board of Education members, presented information from the discussions this Council was having last year. It referenced concerns about trainings becoming routine, merit to differentiating training. Schools need support to carry out this law and this may not need legislative action.
  - KSDE Training website (<https://www.ksde.org/Agency/Division-of-Learning-Services/Student-Staff-Training>) that this Council led the conversations in developing.

#### Discussion:

- How do we make staff training meaningful and how the school/community (crisis plan) responds?
- Do we have examples of presentations that can be used for the training? These are in the universal resources area of the website.
- Was there any sentiment that this should go to this council for discussion. It was mentioned but not formalized.
- One part of this law is about staff training and one part is about response to a student facing a problem and the interventions put in place to help them.
- State Board has the regulatory authority to provide direction to the schools to meet these requirements. Regulations will give direction on how to implement the requirements. This act is implemented in the state accreditation system requirements (KESA).
- KSDE interpretation of ALL staff training is that anyone who is employed by the district is included in the training requirement. This includes contracted workers.
- Definition of schools by KSDE, applies to any learning environment where districts are serving students.

- Training for students – another area of need.

### **School Mental Health Survey – Handout**

The purpose is to gather information on current practices across the state. Overall data to help support our knowledge of practices occurring across the state.

Demographic information

Section 2 and 3 very similar questions on two different subject Suicide Prevention and Child Sexual abuse.

Section 4 – overall School Mental Health

Comments/Question Concerns

- Explain classified staff
- Who will it be distributed to? Superintendents, Principals, Curriculum Leaders, Special Education directors
- In section one differentiate the role of the person completing the survey.
- # 11 add none
- More data doesn't equal better data. If you have multiple people in one district it may make the data unclear.
- Send survey feedback to Pat via email.

Survey Timeline:

- Distributed in October
- Open through early November
- Data reviewed
- Provide data to Council at December meeting.

### **Legislative Reports**

Rep. Jennings

- Participates on the Youth Suicide Prevention Task Force. We have a significant crisis in this state especially with children. Use of social media during these events is happening to allow participation from constituents around the state.
- Southwest Kansas experiences more suicides than the rest of the state.
- Looking to January, the legislature direction will be determined by the November election. Outlook will be very different depending on the outcome of the election.
- Appreciate being involved with the work of this Council and the learning what is occurring.

Senator Taylor –

- Some schools are using the trauma informed methodology to help staff understand. Schools are finding this worthwhile though time consuming.

Kathy Busch shared information from Representative Eplee. His community is experiencing a crisis. The district he represents is using the Signs of Suicide (SOS) program. Has been invited to attend and provide input to our work. He is looking forward to the results of our work.

Youth Suicide Prevention Task Force – Rep. Jennings. Current efforts are very fragmented across the state. There is good work being done and often duplicated. Fragmentation is a concern with limited resources being stretched across multiple organizations trying to do the same work.

Governors Behavioral Planning Council, Children’s Subcommittee – Handout

Bobbie, Cherie, and Myron are members of the Children’s Subcommittee. The annual report is provided for your information.

Bobby – one goal is to identify the links to other Councils and share information back and forth. Goals for the upcoming year are on the back of the report. The three goals are:

- Research resources for parents with substance use disorders
- Review existing recommendations regarding Transition Age Youth and prioritize them
- Review and recommend Parent Engagement models across the continuum of care.

Cherie – discussions of this Council cover many of the same topics. This Council advises the State Board. The Children’s Subcommittee directly informs the governor and agency heads from the Kansas State Department of Education (KSDE), Kansas Department for Aging and Disability Services (KDADS), and Department for Children and Families (DCF). Prevention based and data driven decisions are being used with the governor’s council.

### **Recommendations Discussion:**

Kathy introduction to discussion.

- Two topics, each has two questions. What recommendations should we make to the State Board? Who is the audience for these recommendations?
- Three small groups were formed for the discussions.

### **Report Out Discussion**

Suicide Prevention Recommendations:

- Utilizing community data to inform community decision making
- State Board needs to support and encourage the Kansas Communities that Care survey\*\*\*
- Continuing awareness for entire school community and requiring additional training for certain staff with increased student contact.
- Tracking of training to increase depth of knowledge over the years.
- Consideration of district sizes and the impact
- Tiered training support.
- Keep the 1 hour minimum for all
- Implementing the schools have the suicide protocols in place
- Expertise of person leading the PD activities. Offer some planned PD options available for each level of tiered intervention.
- New differentiated training for repeat experiences
- Best practice models to draw from
- Service centers role in providing training
- Budget recommendation – provide for more counselors and mental health workers in our schools

Audience

- School staff
- Students and families
- Students not only in crisis but the ones who heard about the crisis from the student in crisis.
- Be proactive and push toward trauma informed care and the interactions between people: child to child, child to parent, parent to parent, etc.
- Improved communication with families before talking to students

#### Child Abuse Recommendations:

- State Board needs to support and encourage the Kansas Communities that Care survey\*\*\*
- PD is needed for all in the system
- Option of prepared PD and prevention as part of the system
- Personal safety
- Response plan for who needs to be involved and where they go for help
- Recommended community resources
- Screeners to help identify child in crisis
- Mandatory reporting and training in mandatory reporting
- Monitoring of peer tutoring
- Training – be sure its comprehensive and available through website
- Mandated Reporting training should include all forms of neglect and abuse
- Coaching on how to accomplish mandated reporting and supporting a colleague through the process
- State Board evaluation of the mental health pilots work

#### Audience

- Parent (communication)
- Student
- Adults, what to look for
- Staff and students need training about mental health issues in general
- Resources for families
- District level social emotional growth coordinator
- Staff
- Students differentiated by age in a variety of topics focusing on building resiliency
- Opt in or Opt out options

\*\*\*strongly recommended

Staff wellness and the secondary trauma for employees working through these situations. Every district should use their district attorney to train the staff on mandatory reporting. They are best equipped to train and covering the legalities involved.

State Board create resource center for districts to share information and presenters.

Preface presentations of sensitive information with an announcement that you may leave if you are uncomfortable and provide a “catcher” for them to help work through the secondary trauma. A “catcher” is someone ready to receive and assist the person who needs to leave and is potentially dealing with their own trauma.

Kathy, Laura, Kerry, Pat, and Amy will pull these ideas together and disseminate them to Council members prior to the December meeting.

January State Board Presentation – looking for Council members to present recommendations to the board rather than Kathy or KSDE staff doing the presentation.

Recommendations will be the focus of the December meeting.

**School Mental Health Pilot Work report – Diane**

- 2018 Legislature created a pilot
- 9 districts involved, researched
- Working with local Community Mental Health Center (CMHC)
- CMHC's associations have worked with schools for a long time but it has not been very efficient.
- Pilot is working to identify students who need additional services. Refer them to the CMHC for services to be provided.
- Involvement of Parent/Guardian in the process before services are provided.
- Structure for schools to work more closely with the community mental health resources.
- Outcome measures –
  - Foster kids and non - foster kids tracked separately
  - Child classroom behavior reports by teachers
  - Screener used by CMHC needs to be strengthened to include suicide
- Identifying what tier 1 (whole school) supports are needed in the building
- Use of behavior screeners
- Kansas will get some good baseline data from parents on Kindergarten students from the ASQ-SE2. Districts will have this data first. Parents are uncertain of why this data is being collected. A clear message needs to come out about the purpose and use of the data. Being informed that it is required is not enough.
- Identifying at risk commonalities would also be helpful.

**Travel forms**

Please communicate your needs for reimbursement prior to the meeting to facilitate the communication with Utah State University (USU) on your reimbursements.

Meeting adjourned 12:25 pm.