



Kansans **CAN**

SCHOOL MENTAL HEALTH ADVISORY COUNCIL

February 14, 2019

WIFI: Washburn Guest

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





Kansans **CAN**
KANSAS STATE BOARD OF EDUCATION
**SCHOOL MENTAL HEALTH ADVISORY
COUNCIL**

Board Action Item

Kathy Busch, Chair

Jane Groff, Vice-Chair

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

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Myron Melton: mmelton@ksde.org

LEGISLATIVE PILOT UPDATE



Diane Gjerstad

Veryl Peter



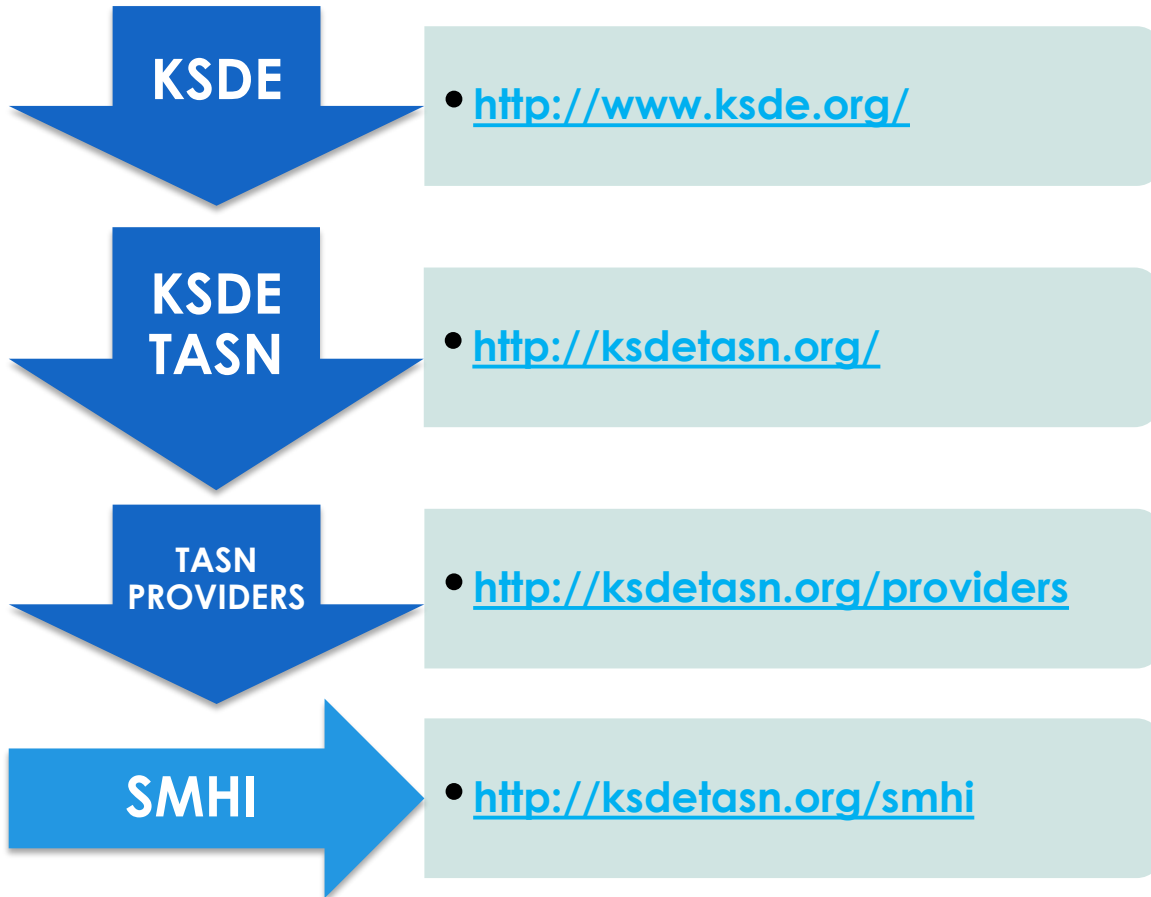
Pilot partners four community mental health centers (CMHC) with nine school districts





School Mental Health Professional Development Coaching System

School Mental Health Advisory Council
February 14, 2019



Staffing and TASN Partnerships

TASN School Mental Health Initiative



Mattie-Kay Stewart, LMSW, **Amy Wells, MEd**, **Chris Perry, MSed**, **Laura Hattrup, LCSW**,
Christin Sheldon, LMSW, **Kelly McCauley, LCSW**, **Cherie Blanchat, LCSW**



Lee Stickle, MSed
Project Director

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Staffing and TASN Partnerships



Kansas Multi-Tier Systems of Support

Midwest Positive Behavior Interventions and Supports, Mental Health Integration



Kansas Parent Information Resource Center



Families Together

TASN Evaluation



Autism and Tertiary Behavior Supports

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Topics

Overview

Sustainability, Challenges, and Outcomes

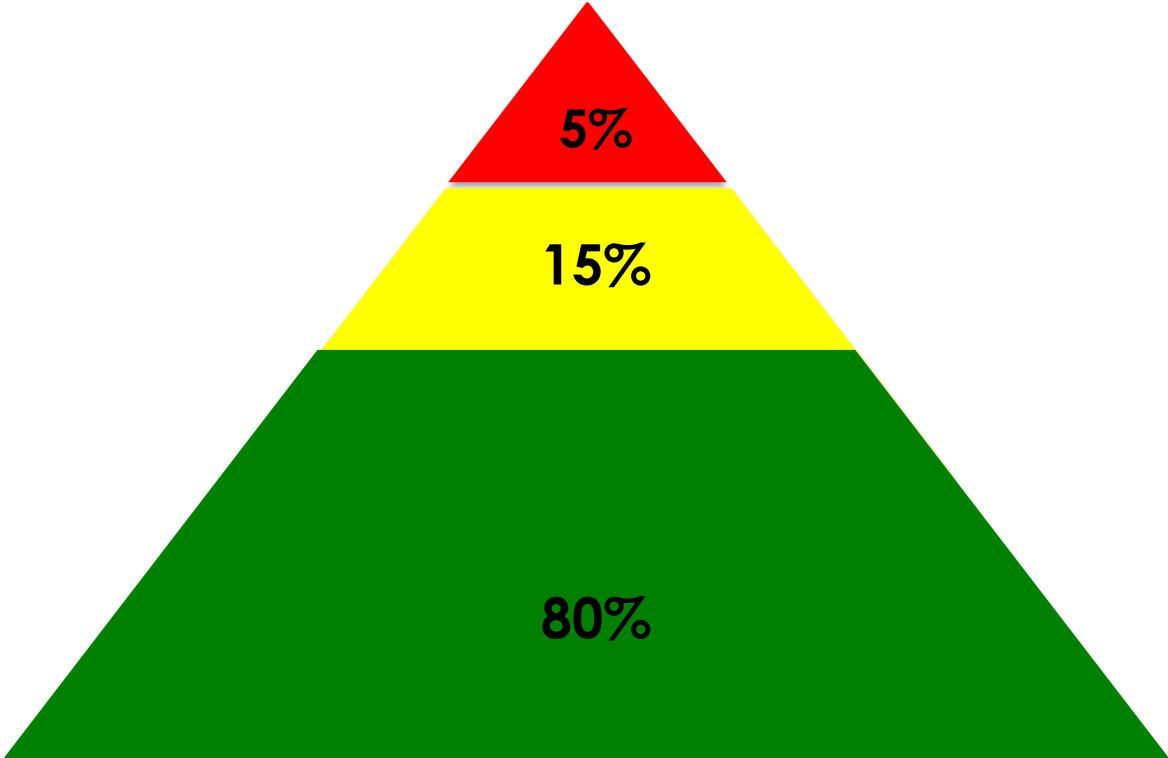
Process Replication

Kansas State Board of Education's Kansans Can Vision



[KSDE School Mental Health Framework](#)

Kansas MTSS and Alignment



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.

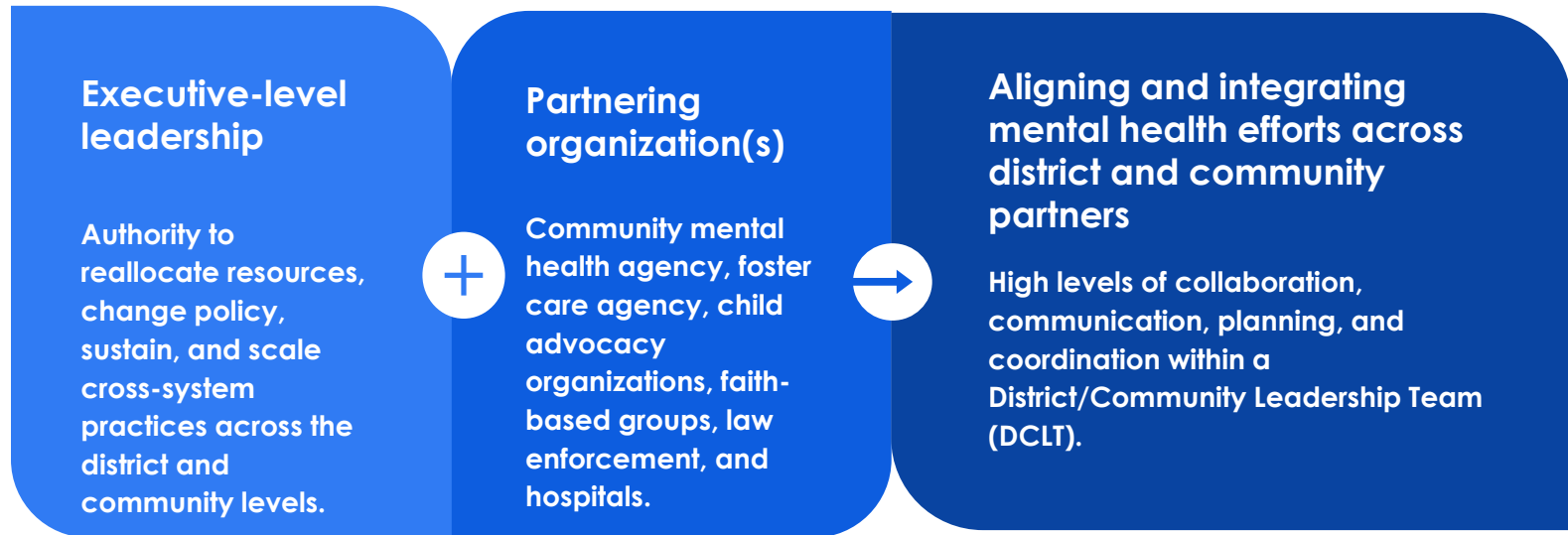
Objective 3

Data-based decision making for continuous improvement.

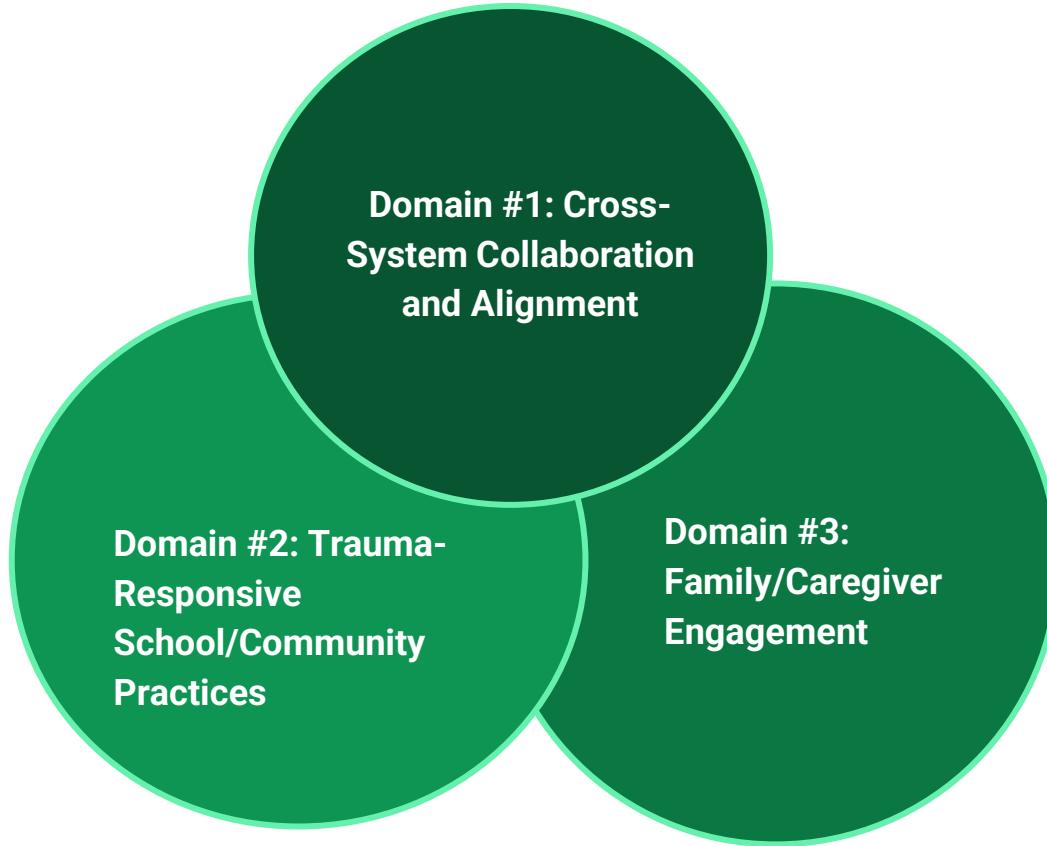
Objective 4

Replicable resources, protocols, and processes.

Professional Development and Coaching



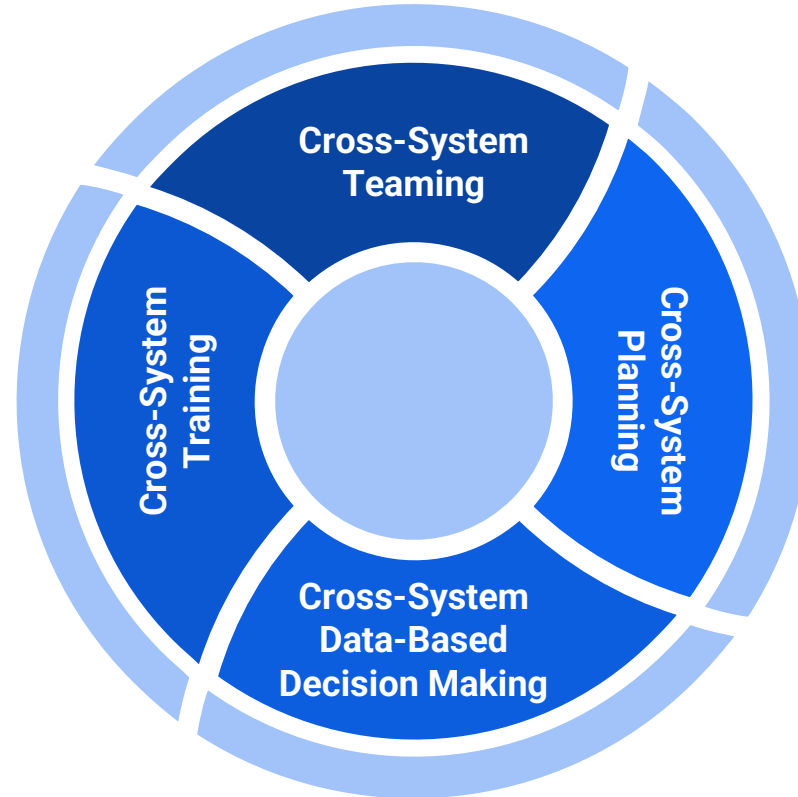
Professional Development and Coaching



Domain 1: Cross-System Collaboration and Alignment

Participants: DCLT

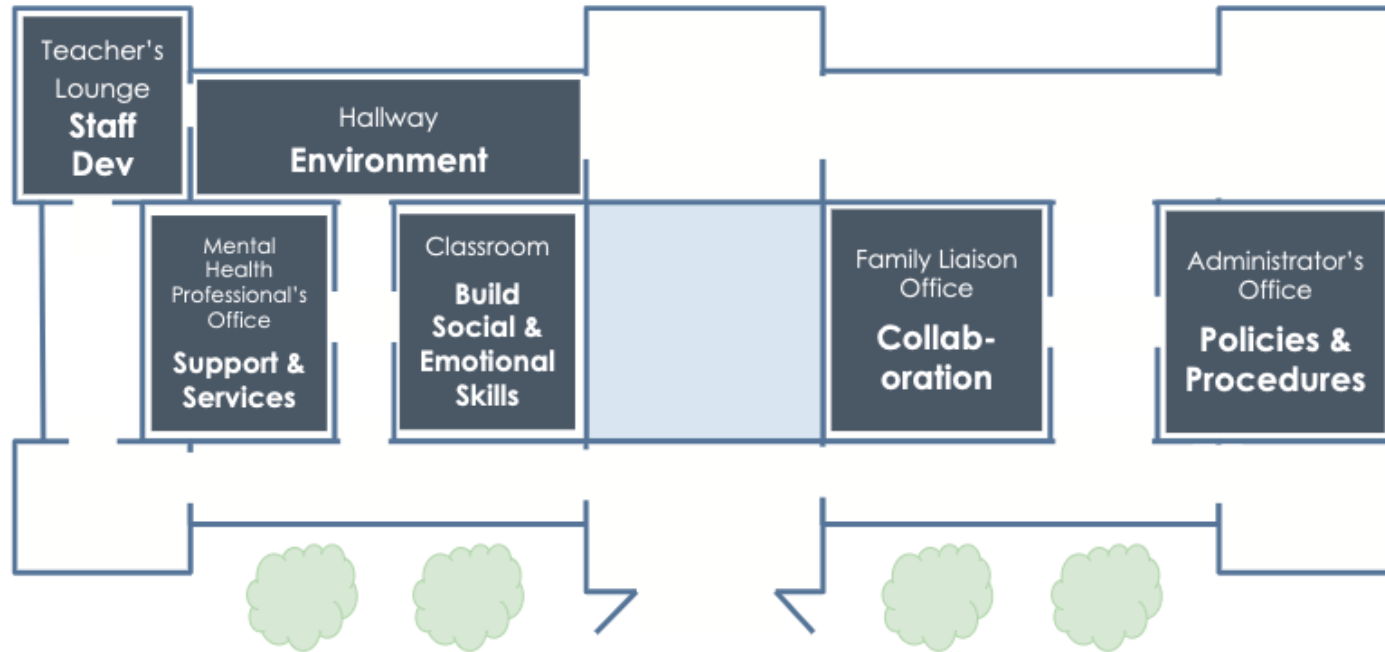
Support Provided: Facilitation, coaching, and assistance with resource development



Domain 2: Trauma-Responsive School/Community Practices

Participants: DCLT, building and community staff

Support provided: Online training and coaching

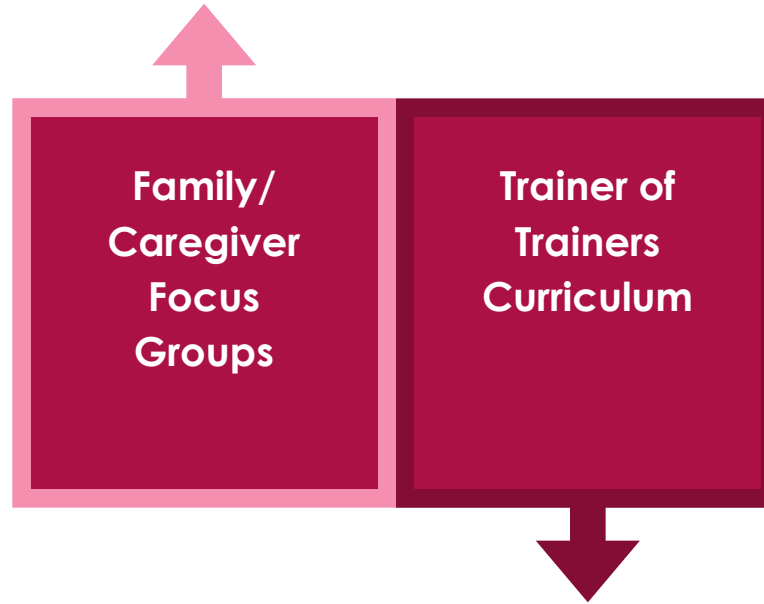


Example of Module

Domain 3: Family/Caregiver Engagement

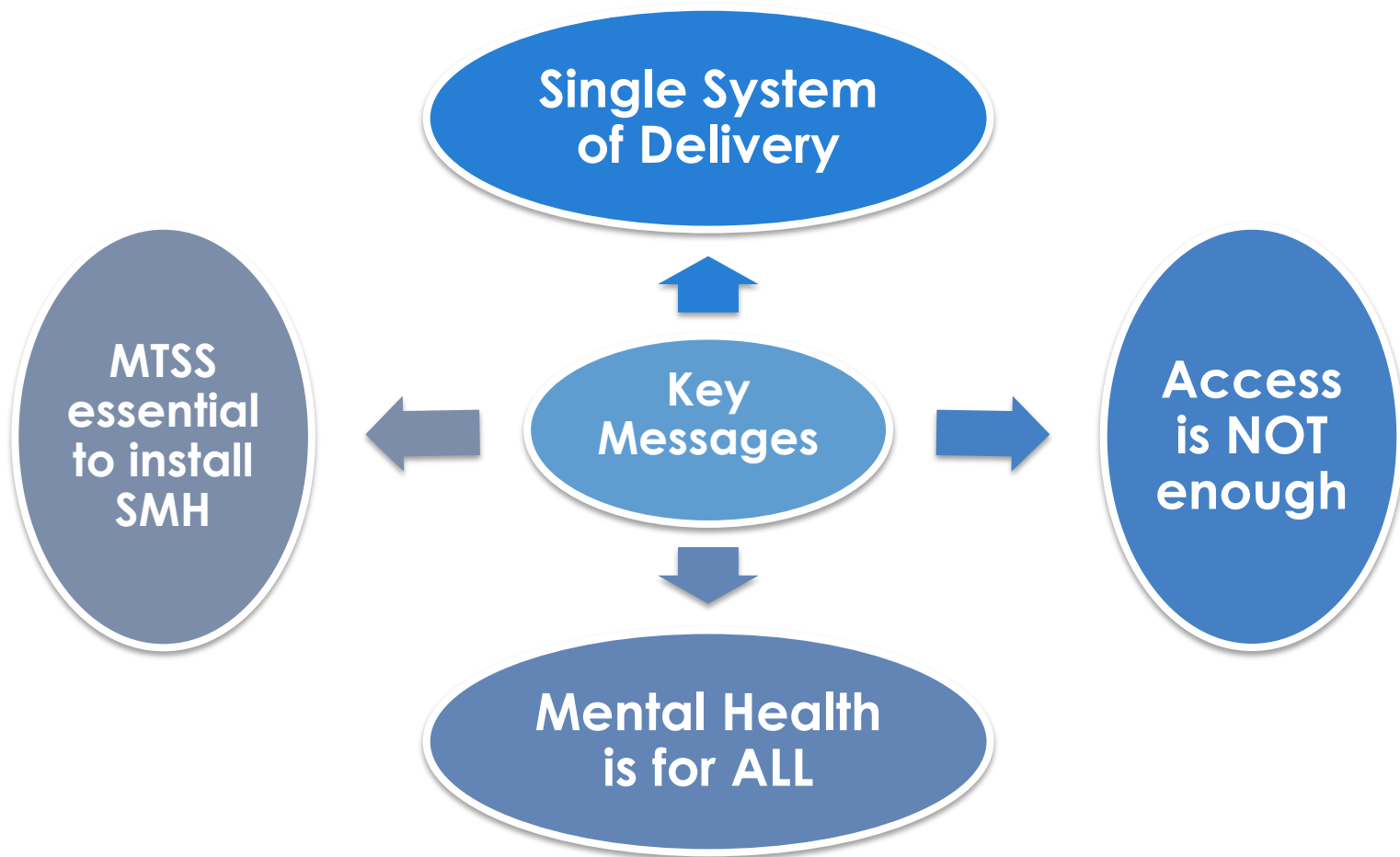
Participants: Families, school staff, and community partners

Support provided: Training, coaching and learning supports



Topics

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



Examples of Outcomes

01	Improved Efficiency	<ul style="list-style-type: none">● Continuity of policies, practices, and language across district and community partners● Decisions based on both district and community data
02	Improved Effectiveness	<ul style="list-style-type: none">● Development of a plan that addresses the competencies necessary for implementation, implementation fidelity and measuring impact
03	Refinement and Sustainability	<ul style="list-style-type: none">● 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

Establish priority of addressing trauma, wellness, social, em		
Participants establish re		
Teams share perspectives and discuss the component to identify their current state. Once teams decide, the record of the teams agreed upon rating (see example below). Teams use the "Guiding Questions" and "Possible Action Site monitor their progress and action plan.		
What	Pre-exploration	Exploration
Cross system Teaming		
District/Community Leadership Team (DCLT) with priority of addressing trauma, wellness, social, emotional, behavioral, physical and mental health of all students.	Not established (B7)	Dialogue on establishing a DCLT with community mental health center and/or other key stakeholders has been initiated. Or DCLT exists, but does not meet consistently (C7)
Building/Community Leadership Team (BCLT) with priority of addressing trauma, wellness, social, emotional, behavioral, physical and mental health of all students.	Not established (B8)	Dialogue on establishing a BCLT which include the community mental health center as well as other key stakeholders has begun. BCLT exists, but does not meet consistently. (C8)

Team Workbooks and Toolkits




- Mental Health Toolkit
- Suicide Prevention Toolkit
- Implementation Guide



Core Principles and Key Domains of a Trauma-Responsive School

Trauma Modules



- Moodle Modules
- Activities

Stress & Early Brain Growth

Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?


ACEs are serious childhood traumas – a list is shown below – that result in toxic stress that can harm a child's brain. This toxic stress may prevent a child from learning, from playing in a healthy way with other children, and can result in long-term health problems.

How do ACEs affect health?


Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.

Adverse Childhood Experiences can include:

1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
11. Bullying (by another child or adult)



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



**COMMUNITY CARE
NETWORK OF KANSAS**



Who We Are

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



**COMMUNITY CARE
NETWORK OF KANSAS**



Who We Serve

2018 KAMU Member Clinics & Satellite Clinics



- Medical & Dental Services (FGHC* & Look-Alikes)
 - Medical & Dental Services (Safety Net Clinic)
 - Medical Services Only (FGHC* & Look-Alikes)
 - Medical Services Only (Safety Net Clinic)
 - Dental Services Only (Safety Net Clinic)
- * Federally Qualified Health Center

1. Agape Health Clinic
2. Atchison Community Health Clinic
3. Bluestem PACE
4. Children's Mercy West, Cordell Meeks Clinic
5. Community Health Center in Cowley County
6. Community Health Center of SE Kansas
7. Community Health Ministry Clinic
8. Douglas County Dental Clinic
9. Duchesne Clinic
10. E.C. Tyree Health & Dental Clinic
11. First Care Clinic
12. Flint Hills Community Clinic
13. Flint Hills Community Health Center
14. Genesis Family Health
15. GraceMed Health Clinic (Topeka)
16. Greeley County Health Services
17. Guadalupe Clinic
18. Health Ministries Clinic
19. Health Partnership Clinic
20. HealthCore Clinic
21. Heart of Kansas Family Health Care
22. Heartland Community Health Center
23. Hoxie Medical Clinic
24. Hunter Health
25. Hutchinson Area Student Health Services
26. Kansas Statewide Farmworker Health Program — a voucher program with 140 access points
27. Konza Prairie Community Health & Dental Center
28. Lincoln County Medical Clinics
29. Marian Dental Clinic
30. Mayflower Clinic
31. Mercy and Truth Medical Missions
32. Mercy Clinic — Linn County
33. PrairieStar Health Center
34. Rawlins County Dental Clinic
35. Saint Vincent Clinic
36. Salina Family Healthcare Center
37. Southwest Boulevard Family Health Care
38. Swope Health Services
39. Vibrant Health - Wyandotte Neighborhood Clinics

As of 8/13/18



What We Do

- ✓ Advocacy
- ✓ Communication
- ✓ Education



**COMMUNITY CARE
NETWORK OF KANSAS**



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



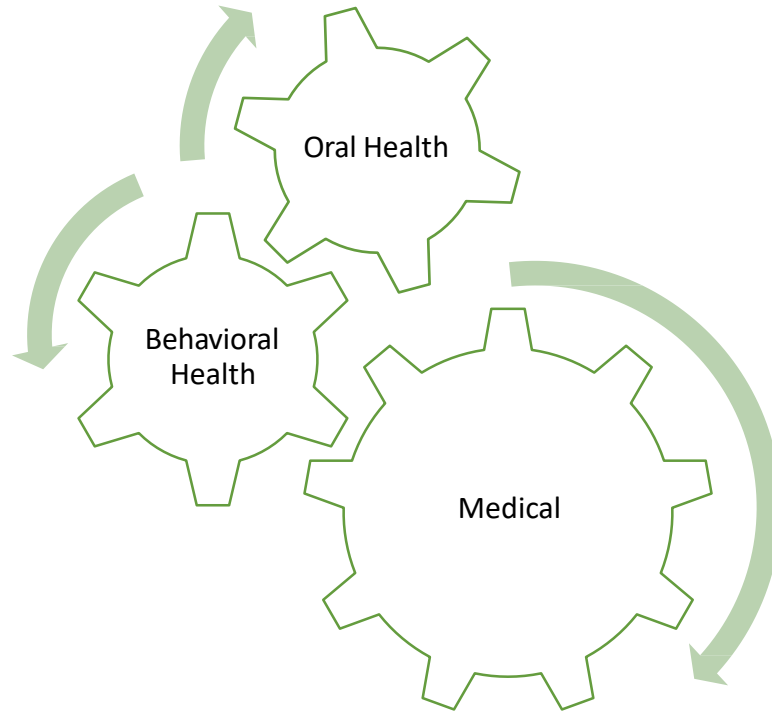
A Solution

LINK HEALTH CARE AND EDUCATION

- School-based health center
- Adolescent Clinic
- School clinics
- Mobile Clinic
- Health Resource Center
- Wellness Center



The Kansas Model



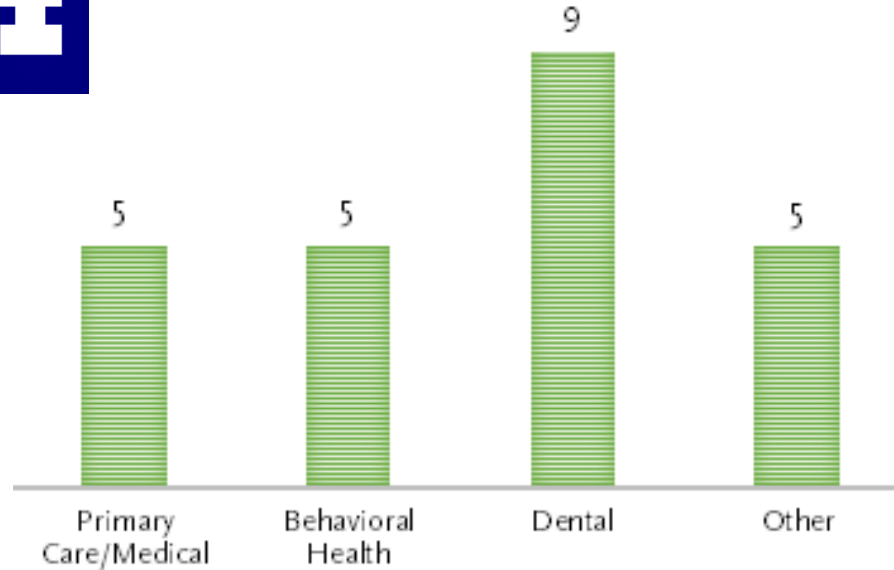
**COMMUNITY CARE
NETWORK OF KANSAS**



Community Care School Services, 2018

14

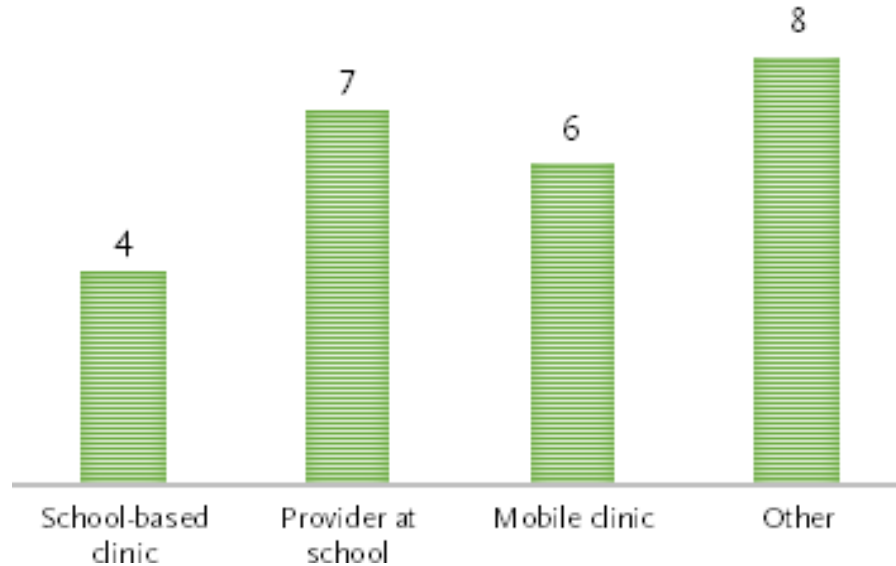
SERVICE





37,000 students served

LOCATION





Kansas School Districts





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

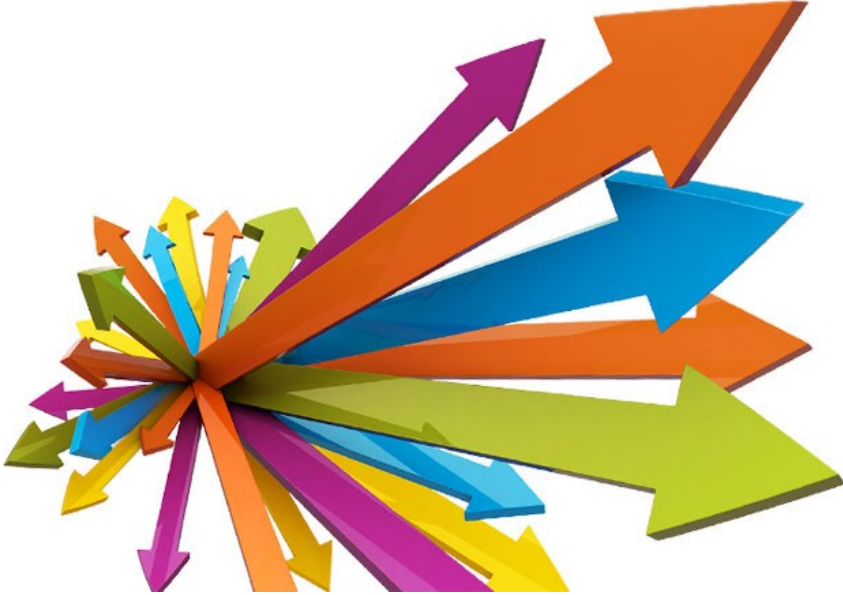
- Insurance break down:
 - MCD = 40%
 - Commercial = 22%
 - Uninsured = 38%
- Homeless: 10 patients
- Poverty level:
 - 100% and below = 53%
 - 101%-150% = 24%
 - 151%-200% = 21%
 - Over 200% = 2%

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

COUNCIL MEMBER UPDATES



SUICIDE PREVENTION TOOLKIT



Myron Melton, KSDE

Mattie Kay Stewart, TASN-SMHI



School Mental Health Initiative Kansas Suicide Prevention, Response, & Postvention Toolkit

**School Mental Health Advisory Council
February 14th, 2019**

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

BACK

NEXT

WRAP – UP AND NEXT MEETING

April 11, 2019

9 AM – 2 PM

Washburn Technical School

Conference Center

5724 SW Huntoon

Topeka, KS