



CENTRAL KANSAS MENTAL HEALTH CENTER

Testimony to the House Committee on K-12 Education Budget

By Derek Knopp, LCSW, School-Based Clinical Services Coordinator, Central Kansas Mental Health Center

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Re: House Bill 2444, Proponent

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Chair Williams and members of the committee, I am Derek Knopp, the School-Based Clinical Services Coordinator for Central Kansas Mental Health Center. Our community mental health center serves Dickinson, Ellsworth, Lincoln, Ottawa, and Saline counties. I am responsible for overseeing the implementation of the Mental Health Intervention Team program across our five county catchment area, as well as supervising the clinical therapists who provide therapy services in the school districts which we are partnered with through MHIT. Prior to my current position, I was employed as a school-based therapist, serving three elementary schools and an alternative high school. I want to thank you for the opportunity to testify today.

Through the MHIT program, CKMHC has partnerships with USD 239 (North Ottawa County), USD 240 (Twin Valley), USD 305 (Salina), USD 306 (Southeast of Saline), USD 393 (Solomon), USD 435 (Abilene), USD 473 (Chapman), and USD 487 (Herington). Some of these partnerships, such as the school districts within Dickinson County, have been part of the MHIT program since its creation in 2018. With each year since 2018, CKMHC has collaborated with additional school districts to become MHIT partners. By partnering with eight school districts in our catchment area, CKMHC has been able to provide quality mental health services to students and families who may have faced barriers to access without the partnerships.

The expansion of districts allowed to apply for the MHIT program over the past five years has increased the number of students who have easier access to mental health services. At the end of the 2018-2019 school year, the first year of the pilot program, CKMHC had served 292 students within school buildings through a combination of individual and family therapy, case management, and psychosocial groups. In 2019-2020, we were able to partner with four more districts. The number of students served increased to 840 and the number of students served grew again in 2020-2021 to 985. At the end of last year, CKMHC was able to provide mental health services to 1,065 students through the MHIT program. From the start of this school year through today, we have served 942 students in the program and I anticipate that number will exceed 1,000 by the end of the school year.

Over the past four completed school years, 59.34% of students enrolled in mental health services due to a referral for internalized moods and emotions showed improvement, 64.16% showed improvement in externalized behaviors, 71.57% showed improvement in school attendance, and 66.74% showed improvement in academic performance.

Data and statistics must be the benchmark for successful programs, but sometimes hearing successes from our providers and those we serve is helpful in understanding the true impact of this program and the changes it helps facilitate regarding mental and behavioral health. In one of our partner schools, the

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**Offices located in Saline, Dickinson, Ellsworth, Lincoln & Ottawa Counties**

mental health team members from the school and CKMHC collaborated to create a hygiene program for students in the functional and adaptive learning classrooms. This program taught and reinforced healthy hygiene habits and built daily living skills for students who displayed significant impairments in these areas. Students who were previously refusing to shower at home and displayed defiant behaviors around hygiene tasks are now showering two-three times per week and brushing their teeth daily at school.

Another success story is regarding a high school student who had severe anxiety about leaving his home. After being referred for services and implementing those services initially in the family home, the treatment team was able to help the student build the skills and ability to cope to a degree that the student was able to consistently attend school, avoiding truancy and improving academic performance. After several months of services at school, the student was able to establish friendships and had joined a school club prior to successful closure from mental health services.

Although there are many, many more success stories that I could share, I will finish with this one. A student referred to services for depression was engaging in significant self-harm behaviors and had near constant suicidal ideation following an intense trauma she experienced. This student often isolated from others, struggled to engage in school, and had difficulty establishing and maintaining healthy relationships. After engaging in mental health services and building trust and rapport with her school-based therapist, the student reported to the therapist, "If I had not been in services while dealing with the trauma, I would have committed suicide". Having been engaged in services over a couple years now, the student reports that she has not had suicidal thoughts or engaged in self-harm at all this school year, and the therapist reports the student is close to closing services successfully.

Access to mental health care is one of the biggest benefits of a program that supports collaboration between CMHCs and schools. In rural communities, access to mental health services can mean taking a child out of school to drive 45 minutes or longer one way for an hour long therapy appointment, maybe running errands while in town, and a 45 minute drive back to school. One therapy appointment without services in the school can mean a child missing half a day or more of academic time. Having mental health services in school buildings also helps destigmatize these services in communities which may be otherwise hesitant to reach out for mental health support. On several occasions, referrals we have received from a school originated from a peer talking to their friend about the benefits of meeting with a mental health professional and then that person reaching out to the school liaison to be connected to services.

The MHIT program has demonstrated numerous benefits including improved academic performance, improved mental health, and decreased barriers to accessing mental health services. Inclusion of the MHIT program in the education budget rather than a yearly grant will help ensure stability of the program, allowing schools and CMHCs to continue effective collaboration to provide quality education and mental health services to Kansas students and their families.

Thank you for the opportunity to appear before the Committee today.