



Testimony to House Committee on K-12 Education Budget

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Re: House Bill # 2444/ MHIT, Proponent

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The mental health intervention team (MHIT) has been key in the Salina schools for getting students the mental health help they need in a timely manner that is easier to access for families. Our mid-year grant report submitted in December of 2022 revealed that we were able to serve 546 students with on site mental health services ranging from case management to therapy to crisis services. The growth of the program has been significant since we began. In the 2019-2020 school year we served 387 students and in the 2020-2021 school year we served 476. The 2021-2022 school year was our highest yet at 577 students involved with on site mental health services. With this rate of growth and our mid-year count for the report, I am confident that we could have close to 600 students involved with on-site mental health services.

I came to the Salina public schools with 21 years of experience at Central Kansas Mental Health Center in roles ranging from case manager to therapist, from supervisor to director. Caring for people's mental health became my life's work and passion. When the opportunity presented itself to work as a liaison for the school district to help ensure that these crucial, often lifesaving services would be easier to access for students and their families I thought it was too good to be true. In interviewing I found out that it was a grant funded position that would be applied for yearly, and I was hesitant to make the leap for fear that it may not last and that I would be unemployed. I have been in this position for 3 years now and was ecstatic to find out that it was being proposed to be an actual part of the school budget. I have seen firsthand what this program can do for students and their families. In addition, I have also seen the benefits for the schools and for the community mental health center.

The MHIT has strengthened the relationship between the schools and the mental health center. They have come to present about services available to the school staff and provided information about eligibility for services. In return, the school has gone to the mental health center for tours so they can see what a stay at the respite program might actually look like. We have twice monthly meetings to review outstanding referrals for services and brainstorm about ways we can cooperatively work to get the families the services they need, sometimes even going to homes to get paperwork signed, helping with Medicaid applications, and navigating other systems that may be overwhelming to parents and guardians.

Trainers from Central Kansas Mental Health Center and myself have also provided training for staff at Salina Public Schools. We have taught Applied Suicide Intervention Skills and Training as well as Youth Mental Health First Aid. Those taking the class have verbalized their appreciation in these classes of having representatives that can speak from the education side and having qualified mental health professionals from the mental health center side because although we are working with the same students, we have two different lenses that we see situations and behaviors through. We have been able to teach these courses to staff ranging from paraprofessionals to teachers, from social workers to school psychologists. It teaches a common language that can be utilized as well when discussing situations with students. I have had many staff come to me and verbalize their concerns about students and verbalizing they felt more aware of what was a mental health concern vs. just a student misbehaving. This is simply another benefit of this partnership between the schools and community mental health centers that we have flourished in.

We have had specific students who have stood out to me in my time with Salina Public Schools. During remote learning, a student verbalized suicidal thoughts to a peer, who let their parent know. They made outreach to a teacher to find out who could help at the school. I was able to get the crisis team on a zoom with myself, the student and parent to talk through the situation, the specific thoughts and to determine if a hospitalization was necessary. In this case it wasn't necessary, but we were able to develop a crisis plan for the moment and then refer to services to help the student long term as well. Because the infrastructure was already in place for MHIT, it was possible to let this process be handled seamlessly.

We had another situation where a parent had missed so much work due to their child's mental health issues that they were in danger of losing their job. By having services at the school, we were able to do a crisis screen over zoom while the student was at school and the parent could zoom from their place of work instead of leaving and driving to another town and missing more work for the appointment.

We have had numerous cases where students are in need of extra mental health services that occur at the school with the community mental health center, such as case management their insurance doesn't cover. We have had the teachers fill out paperwork regarding their behaviors at school to help determine eligibility for the SED waiver to pay for the services they need to stay in their home, their school and to be as successful as possible.

These are a few of the many examples of the services we have been able to provide to our students through this program. With our partnership we have had some students referred for services and have their intake the same week and starting individual therapy within 2 weeks. In other areas it can take 8-10 weeks.

Our statistics as of December showed that we had 68% students improve their school attendance, 48% improve their externalizing behaviors such as fighting or being defiant towards others, 59% showed improvement in their academic performance, and 40% showed an improvement in their internalized behaviors, which could involve things such as intrusive or suicidal thoughts. We are pleased with these numbers and believe that they demonstrate mental health services on site at schools can make a difference with students' performance at school as well as with their mental health. We look forward to the progress we can continue to make with this program. If we can have it as part of the school budget, it would definitely benefit the students in Kansas while alleviating some of the stress that comes along with the program being funded by a yearly grant.

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