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COMCARE

A Licensed Community Mental Health Center and Certified Addiction Treatment Program
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Testimony to the House K-12 Budget Committee on School Mental Health HB 2582

Good afternoon Madame Chair and members of the committee. My name is Joan Tammany and I am the Executive Director of COMCARE of Sedgwick County, the community mental health center serving Sedgwick County. I want to thank you for allowing me to testify today and I also wish to express my genuine appreciation for this committees work on behalf of students with mental health needs during the 2019 Legislative Session.

COMCARE has partnerships with USD 259 (Wichita), USD 262 (Valley Center) and USD 266 (Maize) this academic year for a total of 31 schools. This has been an extremely important project for many reasons but most importantly because it sincerely meets the needs of youth in their natural setting. Specifically, seeing youth and families in the schools eliminates transportation barriers and more importantly the issues of time, as the services are not seen as one more thing families need to do at the end of the day.

Our goal locally has been to embed mental health services into the culture of the school. We have had a lot of success with the program and have overcome some significant barriers. Despite the challenges, the positives have been amazing. Youth are being referred at a quicker rate than in year one of this program. To date we have served over 1,140 youth in USD 259 up from a total of just over 730 for the last academic year. In addition, we are seeing a steady number of referrals in our new school districts with approximately 40 youth between the two – a good number given these two did not start until October and November 2019.

Numbers tell part of the story - collaboration between the parent or legal guardian, teacher, liaison, clinicians and case managers have resulted in many children moving from frequently acting out in the classroom to celebrating their victories and seeing improved academic performance. In USD 259 – almost 66% of participants have improved attendance, 70% have improved behavior, almost 55% have improved academic performance. 17% are in foster care while 83% are not.

Success stories tell the rest of the story. Anxiety and worry are huge issues for youth in school, as is depression and many other mental health issues. The need for therapy services is greater than we anticipated, but this is a positive finding. And case managers provide significant support and learning opportunities for these students. We have received very favorable feedback from families such as the following:

“I am elated my son is in your services. He came home with 100% on his school-work after just entering services.”

We serve many youth who could not make it through the day without acting out. One team member shared the following: "This morning, I witnessed a long-time participant stay in the classroom and complete classwork, a goal he has had for over a year. I observed another patient respond to bullying in a healthy manner, using skills that were taught by our on-site MHIT team members. As I walk through the halls during passing periods, students recognize me and smile. Since I am at the school most of the time, I have become part of the support staff. I am a trusted adult. The presence of the onsite behavioral intervention team means that accessing mental health care is as simple and easy as smiling at a friendly face."

A student in the program had sudden onset of crippling anxiety. Rather than act out or run, she was able to leave the classroom with support of a teacher, come to the shared room of the behavioral intervention team and practice using her coping skills in a safe and private space. The intervention was fast, it was immediate, and the student was able to return to the classroom and have a productive day.

And finally:

"Families know our faces, the school administration relies on our open door, and the students know they are respected, valued, and appreciated. The MHIT team does more than provide onsite services. We provide accessible hope and care that often goes unseen by those outside of this community because the behavioral intervention team is here, doing whatever it can to help the patients in this community stay in this community and become successful citizens within it."

We not only provide therapy and case management services year-round, but we also offer 24-hour crisis services for this population and their family members if warranted. We also provide groups year-round for youth in the program like anger management, coping skills, cognitive behavioral therapy groups, patient engagement training, and curriculum such as Coping Cat designed for groups from elementary to teen.

In summary, we have youth with overwhelming depression, anxiety and other social and emotional issues who are reporting increased confidence, making eye contact and conversing more with peers. We have students decreasing the frequency of outbursts and decreasing number of school days missed. This is due to having the benefit on the extra one-on-one time spent with the mental health staff and support from the liaisons and teachers. You cannot put a price tag on that.

Thank you again for the opportunity to testify. This is an important program and I firmly believe it needs to continue and be enhanced. Thank you for your part in making this pilot a reality. I will stand for any questions you may have.