

Brianna Jackson, LMSW

Educator

House Bill 2420 – Written Testimony Only

House Committee on Education

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Chair Estes and Committee Members,

Thank you for the opportunity to submit my perspective on HB 2420. I am an elementary school counselor in Kansas and have been in this field for almost five years. My role consists of supporting students through individual and group counseling, classroom lessons, and crisis intervention, while also collaborating with teachers, families, and other support staff to create positive environments, identify needs, and guide students to become responsible and functional citizens.

In my role, most of how I serve students falls within Tier II and Tier III categories. A significant part of my work is identifying needs and helping address those needs to better support my students. I oppose this bill because it would severely inhibit my ability to directly serve students. As written, the phrase “any program, intervention, or strategy applied in a school setting that is specifically designed to influence a student's emotional, behavioral, or social functioning” is too vague. This language would not only hinder my role as a school counselor but also impact the countless accommodations and interventions that teachers and other support staff provide every single day.

If this bill were to pass, I would spend more time reaching out to obtain consent from families to speak with their students instead of actually working with the students themselves. Most Tier II and Tier III interventions are small but meaningful and impactful. By creating this barrier to serving students, the bill would diminish the level of care students receive and could, in turn, increase behavioral needs in schools, placing an even greater strain on support staff.

I also oppose this bill because it places an unrealistic timeline on students, families, and mental health support staff when attempting to meet identified needs. For example, a student may come to me expressing concern that their dog is sick and may not live through the week. Under this bill, I would need to contact the family to ask permission to speak with their child about the situation. If it takes several days for the family to respond—perhaps because the dog has already passed and they are processing their grief together—the opportunity for timely support is lost. Without this barrier, I could help

the student learn coping skills, read a story about grief, and support them before the loss occurred.

Instead, I would be required to ask permission every time I see a student in distress. Each time the student is crying, I would need to contact the family again—who may also be grieving—to ask for consent. Grief, and many other emotional challenges, do not follow a timeline. Quality mental health care should not be limited or forced into a rigid structure. One of the most effective aspects of mental health support is its flexibility and ability to adapt to students' needs as we better understand how they respond to various interventions.

I do not believe the intent of this bill is to obstruct the important work of mental health professionals and school staff. However, I fear that, as written, the goals of this bill are not aligned with the realities faced by those working directly with students. I respectfully urge you to vote in opposition to HB 2420 and avoid creating additional barriers for professionals who already work tirelessly to meet the needs of students every day.

Sincerely,

Brianna Jackson, LMSW