



## Joint Committee on Child Welfare System Oversight

222 SW 7th, Topeka, Kansas 66603  
Telephone: 785-234-4773 / Fax: 785-234-3189  
[www.acmhck.org](http://www.acmhck.org)

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Chairwoman Concannon and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. This makes the community mental health system the “safety net” for Kansans with mental health needs.

We previously testified before this committee regarding the transition of the CMHC system to the Community Behavioral Health Clinic Model (CCBHC). As CCBHCs, they will expand their service array to include additional behavioral health services and newly required evidence-based practices as well as integrated care to include primary care screening and monitoring and care coordination across healthcare sectors. The CCBHC model ensures children receive age appropriate screening and preventive interventions including, where appropriate, assessment of learning disabilities.

As of July 2022, nine CMHCs have achieved provisional certification as CCBHCs. The current deadlines for certifying additional CCBHCs require nine clinics to become certified by not later than July 2023 and the final eight by not later than July 2024. Most of the remaining Community Mental Health Centers (CMHCs) are projected to be ready to certify more quickly than the statutory deadlines. As such, we recommend the State allow CMHCs to complete the CCBHC certification process as they are ready, to reduce inequities across the system, to address workforce challenges, and to ensure more Kansans have access to CCBHC services.

The model also reinforces the focus on prevention that our CMHCs have long embraced. To that end, we strongly believe the most efficient and effective way to expand our reach is through establishing partnerships that coordinate efforts rather than competing for scarce resources and workforce. Some examples include the following:

- **School Partnerships**—CMHCs provide treatment programs and interventions designed to ensure youth are able stay in their own homes and communities while receiving behavioral healthcare. Local partnerships allow CMHCs to provide services in the school-based setting, allowing schools to focus on education and CMHCs to focus on treatment and improving care. Students benefit from timely access to mental health services and missing less time in the classroom, leading to improved attendance, behavior, and academic performance. The Mental Health Intervention Team program is one example of a successful school-based local program.
- **Out-of-School Provider Partnerships**—Community-based programs serving children and youth outside of school hours, such as the Boys & Girls Club, are designed to empower youth to excel in school and lead healthy, productive lives. At the system level, we are exploring opportunities for CMHCs/CCBHCs to collaborate with these programs.
- **Mental Health First Aid (MHFA)**—MHFA is a skills-based training course that teaches participants about mental health and substance-use issues. Participants learn how to identify, understand, and respond to signs of mental illnesses and substance use disorders and how to help others connect to services and supports. Our system now employs over 125 certified MHFA trainers. In FY22, those trainers conducted 200

MHFA workshops, including 137 Adult MHFA trainings and 63 Youth MHFA, for a total of 2,447 people trained in MHFA. We are actively exploring ways to increase our reach, including across systems and in underserved communities.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.