Proponent Testimony to House K-12 Education Budget Committee on HB 2444, Establishing the MHIT Program in Statute

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Madam Chair 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. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with behavioral health needs.

We appreciate the opportunity to testify in support of HB 2444, establishing the Mental Health Intervention Team (MHIT) program in statute.

This program was created by legislative proviso in 2018 with an intent to address challenges schools were experiencing through increases in students (and families) with mental health needs and to eliminate barriers in accessing services. The proviso authorized school districts to enter into agreements with local community mental health centers and further provided funding for a database for students referred to the program to track outcomes.

The success of the program is predicated on allowing schools to focus on education and CMHCs to focus on treatment and improving care, including the ability to provide 24-hour crisis services outside of regular school hours, on weekends, and during summer break. Even prior to the launch of the program, a superintendent mentioned that a kindergarten teacher could spend 90 percent of her or his time working to address the behaviors of one student. The partnership between the school and the CMHC creates a team approach to meeting the needs of the students served.

The key staff of the MHIT program include a combination of behavioral health liaisons employed by the USD and clinical therapists and case managers employed by the CMHCs. The district employs the school liaisons, who are responsible for coordinating between the USD, student, family, and the CMHCs. Services are provided in the school, and the CMHC team works closely with the school-based liaison, teachers, and administrators. The liaisons collect the referrals for the program and initiates communication with the family to introduce the program and collect the necessary signatures to establish therapy services. Case managers work closely with therapists to implement components of treatment plans, coordinate health and medical services, work directly with students to provide a variety of psychosocial topics, including strategies for anger or anxiety management, appropriate social behavior, and so on. Therapists conduct assessments and establish treatment plans, conduct therapy,

provide crisis services, and may provide consultation and training to school staff.

Since the initial 2018-2019 school year, the program has consistently grown:

- 2018-2019: 6 CMHCs and 19 USDs; 1,708 students served
- 2019-2020: 14 CMHCs and 32 USDs; 2,585 students served
- 2021-2022: 17 CMHCs and 55 USDs; 5,100 students served
- 2022-2023: 19 CMHCs and 67 USDs; preliminary reports indicate that the program has served nearly as many students (4,871) as in 2021-2022 in only the first semester

Additionally, the number of youth in foster care being served by the program has also increased over the course of the four year period.

Since implementation of the program, student outcomes have been outstanding. The outcome measures tracked include improved attendance, improved academic performance, and improved behaviors. All of these measures have stayed fairly consistent around 70 percent. Specifically, in the first semester of the current year, 73.92 percent of students served had improved attendance, 69.14 percent demonstrated improved externalizing behavior, 68.1 percent achieved increased academic performance, and 70.42 percent had improved internalized behaviors. Anecdotally, we also hear frequently from members of MHIT school teams about changes in school culture, reducing stigma related to seeking mental health services.

The data is compelling, but the stories and experiences are nothing less than inspiring. From numerous interventions with students who had suicidal ideation, up to and including a student who had a plan and date for attempting suicide but received lifesaving intervention, to reports of abuse or neglect on youth in foster care that resulted in the need for a change in placement. Those working in the program are not just improving lives, they are saving them.

Another exciting piece of this program has been the learning that has taken place between the school personnel and CMHC staff. This program is geared toward helping children, and we absolutely believe it has helped reduce issues related to turf as understanding of the challenges that are faced by schools and CMHCs grow. As a result, true partnerships have formed.

We believe that we are seeing and will continue to see improvements in the behavioral health of students and the collective classroom cultures of the respective school districts while lowering stress and burnout of teachers, resulting both in improvement of the Kansas education system and the Kansas behavioral health system.

We look forward to continuing this conversation for the sake of the students who need access to a greater array of behavioral health treatment and to ensure that we have the most effective and efficient behavioral health and educational systems possible.

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