Testimony to Senate Committee on Education on Substitute for House Bill 2170

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Mister Chairman and members of the Committee, my name is Colin Thomasset, I am the Associate Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association appreciates the opportunity to submit this written testimony in support of Substitute for House Bill 2170, which creates standards and establishes accountability for all school districts in the State in Kansas around seclusion and restraint of children in the public education system.

The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties in Kansas, 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 mental health needs, collectively serving over 127,000 Kansans.

There is a growing national consensus to implement limiting standards around the use of seclusion and restraint in schools, which standards should follow the President's New Freedom Commission on Mental Health report and other established standards. The President's New Freedom Initiative states ". . . Seclusion and restraint are safety interventions of last resort; they are not treatment interventions. In light of the potentially serious consequences, seclusion and restraint should be used only when an imminent risk of danger to the individual or others exists and no other safe, effective intervention is possible."

The Association also agrees with the Child Health Act of 2000, which limits use of seclusion and restraint to "emergency" situations for young people up to age 21 in all public facilities and settings. Seclusion and restraints, including 'chemical restraints,' are safety interventions of last resort and are not treatment interventions. Seclusion and restraint should never be used for the purposes of discipline, coercion, or staff convenience, or as a replacement for adequate levels of staff or active treatment.

Children with mental illness should not be subject to seclusion or restraint strategies in school, except as a last resort. Mental illness can be treated, and there are a host of interventions that educators may use instead of seclusion and restraint. The effort should be undertaken by our education system to learn what those interventions are. In many areas of the state, the CMHCs are already working with schools to train education staff to use those interventions, and identify contact persons at the CMHCs for training and assistance.

The CMHCs would like to be partners in the education of all Kansas children, including those who may have a mental illness or behavioral disorder, and we urge you to support Substitute for House Bill 2170. Thank you for the opportunity to submit this written testimony.