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Testimony to the House Health and Human Services Committee on HB 2236

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Chair Carpenter and members of the Committee, my name is Michelle Ponce. I am the Associate 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 2236.

This program was originally 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.

Program Design and Staffing

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.

The school-based staff and the CMHC staff work as a team to carry out the program. The roles and responsibilities are generally as follows:

- School Liaison
    - Identify and refer students in need of services
    - Participate in treatment planning
    - Provide ongoing feedback to the team
    - Destigmatize mental illness and mental health treatment among staff and students
- CMHC Case Manager
    - Work with the therapist to implement specific elements of the treatment plan
    - Coordinate medication management services between family and medical provider
    - Coordinate health care services to ensure holistic approach to care and education
    - Meet with students to identify behaviors and feelings they want to work on outside of treatment sessions
    - Deliver psychosocial education curriculum to teach new behaviors on a wide variety of topics to include anger management, appropriate social behavior, anxiety management, and so on
- CMHC Therapist
    - Conduct assessment and establish treatment plans
    - Conduct individual and/or group therapy
    - Provide crisis intervention services when youth appear dysregulated
    - Assess need for higher levels of care
    - Provide school staff consultation and training on a variety of topics including Mental Health First Aid, trauma- informed care, and so on

Program Growth

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

Program Year	Districts Participating	Number of CMHCs	Total Served
2018-2019	9	6	1708
2019-2020	32	14	3,266
2020-2021	55	17	4,711
2021-2022	67	19	5,816
2022-2023	66	18	6,014
2023-2024	90	20	7,603
2024-2025	96	23	6,562 (as of midyear)

Funding

To date, the program has been reauthorized annually through a budget proviso and has grown each year

in funding, number of grantees, and students served. Each year, there has been a formal grant process in which school districts partner with mental health providers and apply to participate in the program, and, so far, all applications have been funded.

During the legislative session in 2024, MHIT transitioned from KSDE to KDADS and added funding to include private schools in the program, bringing the total funding to $17.5 million. School districts retain 65 percent of the grant award and pass on 35 percent of the grant to the mental health providers, which include over 20 CMHCs, several FQHCs, and private providers. The program also expanded to include non-public schools.

Funding provided to the mental health providers is used to supplement the cost of the therapists and case managers providing services and to offset the costs of services provided to under- and uninsured students. The providers also bill Medicaid or private insurance, as applicable, for services provided.

Program Outcomes

Schools are required to track student outcomes, and since implementation of the program, student outcomes have been outstanding. The outcome measures that are tracked include improved attendance, improved academic performance, and improved behaviors. All of these measures have stayed fairly consistent around a 70 percent improvement level.

Specifically, in the first half of the current year, 75.59 percent of students served had improved attendance, 70.49 percent demonstrated improved externalizing behavior, 70.57 percent achieved increased academic performance, and 68.33 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 are 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.

Sustainability

To date, this program has been funded on a year-by-year basis. The uncertainty that this causes does not allow for longer term planning between the school districts and their partnering mental health providers.

The permanence created by HB 2236 and codifying the program allows for sustainability and for planning and collaboration beyond a single budget year. This also provides a level of security for the staff working in the program and assists with retaining the necessary human resources.

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