



FAMILY SERVICE &
GUIDANCE CENTER

February 8, 2024

Re: Testimony supporting HB 2669-MHIT

Thank you Madame Chair Landwehr and members of Health and Human Services Committee.

My name is Jennie Watson, Licensed Clinical Social Worker. I am the School and Outreach Services Director of Family Service & Guidance Center (FSGC) in Topeka. FSGC is a Community Mental Health Center (CMHC) and Certified Community Behavioral Health Clinic (CCBHC) serving Shawnee County and Northeast Kansas. We provide mental health services to all Kansans who need them, regardless of their ability to pay.

FSGC was one of the original six centers who, along with their respective school districts, were included in the initial School Mental Health Pilot established by the 2018 Kansas Legislature. I support HB 2669, which moves this highly successful and cost effective School Mental Health Pilot into statute.

2023 Data Points:

MHIT is operational in 22 Shawnee County schools

490 Shawnee County students were enrolled in the MHIT program.

292 students showed an improvement in grades.

258 students showed improved externalizing behaviors.

233 students showed an improvement in internalizing behaviors.

145 students showed improved attendance.

MHIT staff intervened in 214 crisis situations either in the school or community; resulting in countless opportunities for earlier intervention and a bigger array of services while reducing the need for more acute hospitalizations or PRTF beds.

Success Story:

One day a young man came in to our main lobby, he was asking to see a specific clinician who at that time, was out in the community. I went to talk to this young man and he told me that he knew that he needed to get into services, or he was going to die. He was a freshman in high school at the time and had recently showed aggression at school that had led to law enforcement contact and he now had charges pending. I called the clinician he was requesting, he remembered her from when she had tried to engage him in services the year before. She moved things around in her schedule and came to the center to meet him within 20 minutes. Once the clinician arrived, this young man was treated. We had to go to his home in order to

engage the legal guardian, and additional support services were put in to place. I am proud to say that as of today, that young man has successfully finished services due to progress made. He not only met his treatment goals but has blossomed into a leader in a couple of unique ways. He attends an alternative school setting and is considered a model student in that setting. He was able to establish a student government there, establishing himself as their president. He maintains employment at a local assisted living facility and is a trainer for new staff as they are hired. He is no longer afraid that he is going to die as a result of his poor choices. It was not an easy road, or a short one, but he made it.

Why MHIT just makes sense; cost and quality

MHIT is a cost savings program due to the ability to use an already established system (CMHCs) with a full array of services, expertise, and infrastructure to handle the very high needs, complex problems that our most vulnerable student's experience, such as the young man listed above. It was not one or two services that got him where he needed to be, but his hard work along with the multi-disciplinary team all doing their part to help him get there.

The MHIT program is about partnering with the school district to address problems in a robust way. It's not about duplicating or funding a new mental health system; it bridges the gap and expands mental health care and access at a fraction of the cost.

Additional cost savings for the state: Having staff organically located within the schools catches students falling through the cracks, provides earlier interventions that often prevent the need for hospitalization, law enforcement contact, and foster care referrals. MHIT widens the mental health safety net for the youth and families.

The MHIT program focuses on being efficient with the work force. It's no secret that staffing issues plague most employers right now, and the mental health field is no exception. There are simply not enough qualified staff to have a duplicate system.

The program currently is funded for one year at a time. Often times the school employed Mental Health Liaison, goes right up to the end of their contract before knowing if their position is approved for another year. This creates difficulty in planning ahead; and puts us and students at risk if the pilot isn't funded each year. This bill will enhance MHIT by allowing long range planning and collaboration with schools at minimal cost to the taxpayers.

The MHIT team is working hard and doing remarkable things every day in a unique way thanks to the support of this program. With the kind of success we have seen for the last 5 ½ years, the numbers really speak for themselves, and the MHIT program has clearly been an excellent return on investment. I ask that you support the provisions of

HB 2669 that would put the school MHIT program in to statute. Generations of children, families, and our community will benefit from this important work. Thank you and I am happy to answer questions when it is time.

Respectfully,

Jennie Watson, LSCSW
Family Service and Guidance Center