

SESSION OF 2024

**SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2669**

As Amended by House Committee on Health  
and Human Services

**Brief\***

HB 2669 would create the Mental Health Intervention Team (MHIT) Program Act (Act), codifying the program in statute.

**Definitions**

The bill would define terms used in the Act, including:

- “Department” would mean the Kansas Department for Aging and Disability Services (KDADS);
- “Mental Health Intervention Team Provider” (MHIT Provider) would mean a center organized pursuant to KSA Chapter 19, Article 40 regarding mental health centers and services, a mental health clinic organized pursuant to KSA Chapter 65, Article 2 regarding local mental health clinics, or a federally qualified health center as defined by section 1905(1)(2)(B) of the federal Social Security Act. References to “Mental Health Intervention Team Provider” would also include other provider categories as authorized by KDADS to serve as a partnering provider under the Act. An MHIT Provider would also need to provide:
  - Services that include support for students available 24 hours a day, 7 days a week;

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\*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <http://www.kslegislature.org>

- Person-centered treatment planning; and
- Outpatient mental health services;
- “School District” would mean a school district organized under the laws of this state that is maintaining public school for a school term in accordance with statute, or “qualified school,” defined as any nonpublic school that:
  - Provides education to elementary or secondary students;
  - Is accredited by the state board or a national or regional accrediting agency that is recognized by the state board for the purpose of satisfying the teaching performance assessment for professional licensure or is working in good faith toward that accreditation;
  - Has notified the state board of its intention to participate in the Tax Credit for Low Income Students Scholarship Program Act; and
  - Complies with the requirements of the Tax Credit for Low Income Students Scholarship Program Act.

### ***Mental Health Intervention Team Program***

The Act would establish the MHIT Program, which would be a continuation of the MHIT Pilot Program first established through a budget proviso in 2018 and continued and expanded through subsequent appropriation acts of the Legislature.

#### ***Purposes***

The bill would state the purposes of the MHIT Program are to:

- Provide greater access to behavioral health services for students enrolled in kindergarten or any of the grades 1 through 12, and establish a coherent structure between school districts and MHIT Providers to optimize scarce behavioral health resources and workforce;
- Identify students, communicate with families, and link students and their families to the statewide behavioral health systems and resources within the network of MHIT Providers;
- Alleviate the shortage of staff with specialized degrees or training, such as school counselors, psychologists, or social workers, and reduce the competition for staff between school districts and other private and governmental service providers to provide broader-based and collaborative services to students, especially in rural districts that do not have enough students to justify a full-time staff position;
- Provide and coordinate mental health services to students throughout the calendar year, not only during school hours over nine months of the school year; and
- Reduce barriers that families experience to access mental health services and maintain consistency for a child to attend recurring sessions and coordination between the child's classroom schedule and the provision of services.

The bill would state the MHIT Program focuses on the following types of students:

- Any student who has been adjudicated as a child in need of care and is in the custody of the Secretary for Children and Families or has been referred for a

Families First Program or Family Preservation Program; and

- Any other student who is in need of mental health support services.

The bill would provide for the Secretary for Aging and Disability Services to appoint an MHIT Program manager and, within the limits of appropriations, such additional staff as necessary to support the manager.

### ***Oversight (Section 3)***

The bill would provide for KDADS to oversee and implement the MHIT Program in accordance with the requirements of the Act and the policies and procedures established by KDADS.

The bill would, in each school year, direct the board of education of a school district to apply to KDADS to establish or maintain an MHIT Program within the school district. The application would be in the form and manner as required by KDADS. KDADS would also be directed to establish a deadline for applications to be submitted.

Each application submitted by a school district would be required to specify the MHIT Provider that the school intends to coordinate with to provide school-based services to students who need assistance during the applicable school district. The school district would be required to provide notice to the MHIT Provider no later than June 1 of their intent to partner for the following school year.

The bill would direct KDADS to establish an application review committee that would include representatives from the MHIT Providers and the Department of Education.

If a school district and an MHIT Provider are approved to establish or maintain an MHIT Program, the school district

would enter into a memorandum of understanding (MOU) with the partnering MHIT Provider. If the school district chooses to partner with more than one MHIT Provider, the school district would be required to enter into a separate MOU with each MHIT Provider. KDADS would be able to establish requirements for an MOU, including contractual provisions required to be included in each MOU and that are optional and subject to agreement between the school district and the MHIT Provider. Each MOU would be submitted to KDADS for final approval.

The bill would allow KDADS to authorize another category of provider other than an MHIT Provider to serve as a partnering provider under the Act. The category of provider would be required to provide required services and otherwise meet the requirements of a partnering MHIT Provider under the Act. If KDADS authorizes another category of provider other than an MHIT Provider, KDADS would be required to provide notification of this decision to the MHIT Provider that provides services in that county.

### ***MHIT Program Grant Funding***

The bill would provide for approved MHIT programs to be eligible for a program grant and for MHIT Providers to be eligible for a pass-through grant. The grant would be calculated for each school district's MHIT program for each school year by calculating the total amount of the salary and fringe benefits by a school district for each school liaison. A school district's pass-through grant would be equal to 50 percent of the program grant. The moneys for the pass-through grant would be paid to any of the school district's partnering MHIT Providers.

The bill would provide for KDADS to prorate any appropriations when the budget allocation is insufficient to pay the school district grants in full. KDADS would be permitted to allocate and distribute the grants in installments as well as in advance or in reimbursement, including

adjustments for any overpayment to a school district. A grant would not be allowed unless a school district has an MOU with an MHIT Provider. The bill would allow KDADS to direct unused funds to MHIT Providers to be used for training for school districts that are participating in the MHIT program.

The bill would require KDADS to consult with MHIT Providers prior to awarding any grants.

#### *School Liaison*

The bill would require each school district to have a MHIT Program school liaison. The bill would permit KDADS, in limited circumstances, to waive the requirement for a school district and allow the MHIT Program liaison to be employed by the MHIT Provider that partners with the school district.

The bill would allow the school district to remain eligible for the grant and would direct the funding of the liaison to remain the same and the school district to direct payment for the school liaison to the MHIT Provider.

#### *MHIT Program Reports*

The bill would require KDADS to submit annual reports to the legislature beginning with the 2025 Legislative Session. The report would be prepared by KDADS and submitted to the House of Representatives Standing Committees on Appropriations, Social Services Budget, and Health and Human Services, or their successor committees, and the Senate Standing Committees on Ways and Means, the Ways and Means Subcommittee on Human Services, and Public Health and Welfare, or their successor committees.

The bill would require the annual report to include a summary of the program with at least the following items:

- School districts that applied to participate or continued participating under the MHIT Program;
- Participating MHIT Providers;
- Grant amount each such school district received; and
- Payments made by school districts from the MHIT Program fund of each school district.

***MHIT Program Staffing Requirements (Section 4)***

The bill would identify that the MHIT Program staff requirements for both establishing and maintaining a program would include a combination be the following:

- One or more behavioral health liaisons employed by the school district; and
- One or more case managers and therapists licensed by the Behavioral Sciences Regulatory Board (BSRB) who are employed by the partnering MHIT Provider.

***MHIT Program Staff Coordination***

The bill would identify that the MHIT Program staff would be known as the MHIT Team for the school district. The bill would require that the MHIT Team cooperate and work together to:

- Identify needs specific to both the students in the school district and their families; and
- Develop an action plan to implement a school-based program that is tailored to such needs.

### *MHIT Program School Liaison*

The bill would require that each participating school district would employ at least one MHIT Program school liaison. The school liaison would need to meet a minimum education requirement of at least a bachelor's degree in any field of study.

The role of the school liaison would be to help students in need and coordinate services between the school district, the student, the student's family, and the MHIT Provider. The school liaison's roles and responsibilities would include, at minimum, the following:

- Identifying appropriate student referrals for the team to engage with;
- Acting as a liaison between the school district and the MHIT Provider and being the primary point of contact for communications between the school district and the MHIT Provider;
- Assisting with MHIT Provider staff understanding of the school district's system and procedures, including the school calendar, professional development, drills, and crisis plan protocols;
- Triaging prospective student referrals and helping decide how to prioritize interventions;
- Helping the MHIT Provider and other school personnel understand the roles and responsibilities of the MHIT;
- Facilitating communications and connections between families of identified students and the MHIT Provider's staff;

- Coordinating a student's treatment schedule with building administrators and classroom teachers, to optimize clinical therapists' productivity;
- Troubleshooting problems that arise and working with the MHIT Provider to resolve such problems;
- Tracking and compiling outcomes to monitor the effectiveness of the program;
- Maintaining and updating the Department of Education MHIT database as directed by KDADS and required by this section;
- Following up with child welfare contacts if a student has moved schools to get the child's educational history;
- Being an active part of the school intervention team and relaying information back to MHIT Provider staff, including student observations, intervention feedback from teachers, communications with family, and other relevant information;
- Working with school administration to identify and provide confidential space for an MHIT Provider therapist;
- Assisting in planning continuity of care through summer services; and
- Submitting an annual report to KDADS regarding how the liaison complied with the required roles and responsibilities.

The bill would require that a school liaison within the scope of employment by a school district would primarily perform roles and requirements of a school liaison only.

A school liaison would be responsible for entering data into the database within 14 calendar days of a completed initial referral.

*Roles and Responsibilities of the MHIT Provider*

**Therapists.** The bill would require that an MHIT Provider that partners with a school district would employ one or more therapists who would be licensed by the BSRB. The licensed therapists would collaborate with the school district to assist students in need and provide services to students under the program. A therapist's roles and responsibilities would include, at minimum, the following:

- Assisting the school liaison with the identification of appropriate student referrals to the program;
- Triaging student referrals with the school liaison to prioritize treatment interventions for identified students;
- Working with the school liaison to connect with families or child welfare contacts to obtain consent to commence treatment;
- Conducting a clinical assessment of the identified student and making appropriate treatment recommendations;
- Engaging with the student, family, or child welfare contacts in clinical interventions as identified on the treatment plan and providing individual and family therapy;
- Administering scales or tests to detect areas of concern with depression, anxiety, self-harm, or other areas as identified;
- Making referrals to other treatment modalities as appropriate;

- Communicating educationally appropriate information to the school liaison, such as interventions and strategies for use by classroom and school staff;
- Gathering outcome data to monitor the effectiveness of the program;
- Coordinating with the case manager to identify ways to support the student and family;
- Providing therapy services as determined by the student's treatment plan; and
- Maintaining the treatment plan and necessary treatment protocols required by the MHIT Provider.

**Case Managers.** The bill would required that an MHIT Provider that partners with a school district would employ one or more case managers, who will collaborate with the school district to assist students in need and to coordinate services under the program. A case manager's roles and responsibilities would include, at minimum, the following:

- Working with the school liaison and clinical therapist to identify students and triage priorities for treatment;
- Providing outreach to students, families, and child welfare contacts to help engage in treatment;
- Participating in the treatment planning process;
- Communicating with the school liaison and other school district personnel about students' needs, interventions, and progress;
- Helping maintain communication between all entities, including the family, student, school, clinical therapist, child welfare contacts, and the community;

- Maintaining the treatment plan and necessary treatment protocols required by the MHIT Provider;
- Making referrals to appropriate community resources;
- Helping reconnect students and families when they are not following through with the treatment process;
- Helping families negotiate barriers to treatment; and
- Engaging with the student in the classroom, the home, or the community to help build skills wherever needed.

### ***MHIT Fund***

The bill would require each school district to establish an MHIT Program Fund (Fund). The Fund would be funded by all the moneys received by a school district either as a grant or as pass-through.

The moneys in the fund would be used for the following:

- Pay for the expenditures that are attributable to the salary and fringe benefits of any school liaison employed by the school district for the MHIT Program; and
- Provide payment to each partnering MHIT Provider in an amount equal to the MHIT Provider pass-through grant received by the school district.

The bill would require a school district to keep separate accounting records for the school liaison expenditures and the pass-through grants to MHIT Providers.

### ***KDADS Reporting***

KDADS would be required to publish on its website, two times a year, beginning in 2025, an aggregated report of outcomes achieved, numbers served, and associated information regarding the MHIT Program.

### **Background**

The bill was introduced by the House Committee on Health and Human Services at the request of Representative Landwehr.

### ***House Committee on Health and Human Services***

In the House Committee hearing, **proponent** testimony was provided by representatives of the Association of Community Mental Health Centers of Kansas, Bert Nash Community Mental Health Center, Catholic Diocese of Wichita, COMCARE of Sedgwick County, Family Service and Guidance Center, Holy Savior Catholic Academy, Kansas Catholic Conference, KDADS, St. Patrick Catholic School, and Wyandot Behavioral Health Network. Proponents generally spoke of the success of the program to improve grades, behavior, and attendance for participating students and that all students, including those in parochial schools, would benefit from the same mental health intervention services as those in public schools.

Written-only proponent testimony was provided by five representatives of All Saints Catholic School, Wichita; two representatives of Archdiocese of Kansas City, Kansas; representatives of Catholic Diocese of Kansas City, Kansas; Catholic Diocese of Salina; Kansas National Education Association; St. Anne Catholic School, Wichita; St. Mary Catholic School, Garden City; St. Patrick Catholic School; and two private citizens.

Neutral testimony was provided by a representative of Kansas Action for Children and Kansas Association of School Boards.

**Opponent** testimony was provided by a representative of Community Care Network of Kansas, who expressed concern that the language of the bill would limit provider types permitted to participate in the MHIT Program to community mental health centers (CMHCs).

The Committee amended the bill to replace the term CMHC with a broader definition for MHIT Provider and to clarify the required services an MHIT Provider would have to provide to students receiving MHIT services.

### **Fiscal Information**

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, KDADS indicates that enactment of the bill would have a fiscal effect on expenditures of the agency. The bill would require establishment of 1.00 FTE MHIT program manager position, 3.00 FTE MHIT program staff positions, and 2.00 FTE administrative staff positions to support the program at KDADS. For FY 2025 and beyond, KDADS estimates the total increase of 6.00 FTE positions at a cost of \$588,705 from the State General Fund (SGF). The increased expenditures would include salaries, fringe benefits, and other operating expenses for the six positions. The bill would increase revenues for KDADS based upon the funding passing through the agency to schools, but the amount of revenue is not known at this time.

The Department for Children and Families and the Kansas State Department of Education indicate that enactment of the bill would have no fiscal effect on the respective agencies. Any fiscal effect associated with the bill is not reflected in *The FY 2025 Governor's Budget Report*.

The Kansas Association of School Boards (KASB) indicates that enactment of the bill would not require a school district to implement an MHIT program with local mental health service providers. The bill would not have a fiscal impact on districts not electing to enter into these situations. If a school district enters into the program, it is generally required that the district employ a school liaison to interface with the CMHC, unless a waiver is granted. There would be the possible need for at least one full-time employee for the school district to implement the program, as well as any associated costs. There would be the cost to CMHCs to employ one or more therapists and case managers for use in this program as well. Although grants are available, there is no assurance there will be enough grants distributed to cover costs. The available grants include an MHIT Program grant and a CMHC pass-through grant. The pass-through grant would be 50 percent of the amount of the MHIT Program grant, and that money would go to the community mental health service provider instead of the school district. There would undoubtedly be overhead costs involved for all partners in these efforts that would not be covered by grant moneys. KASB states that it does not have adequate data to estimate what those costs may be or how many districts would opt-in for such a program.

Mental Health Intervention Team; behavioral health; Kansas Department for Aging and Disability Services; mental health intervention team provider; schools