Testimony to House K-12 Budget Committee on HB 2582

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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 the licensing regulations, CMHCs are required to provide services to all Kansans who need 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 the operational provisions of HB 2582, which relate to the current school mental health program in the Kansas State Department of Education. Through the School Mental Health Pilot established by the 2018 Kansas Legislature, we have learned many lessons that support the need to continue the program in its current form and to expand it where possible.

Our Association does not take a position on the financial components of this legislation except to say that we do believe that the CMHC portion of this partnership should be funded at the same or greater level as the current program. We would add that each year of experience with this program benefits not only the students, teachers, and providers but also policy makers in figuring out what adjustments need to be made either programmatically or financially.

The formula for establishing funding and tracking student needs and outcomes in the Pilot was achieved by utilizing the geographic boundaries that currently exist for school districts and CMHCs. Once the structure was in place, we worked to build our workforce to ensure we are meeting the needs of students. As we stated when the pilot was launched two years ago, Kansas does not have the workforce capacity to set up parallel behavioral health systems, which would add inefficiencies and harm the continuity of care. With this project, schools can focus on education, and CMHCs can focus on treatment and improving care. CMHCs also have crisis services available 24 hours a day, seven days a week, year-round. Wrap-around case management services are part of the service array.

We believe that the adjustment made in HB 2582 that allows schools to hire a liaison that has a minimum education of a bachelors degree instead of a masters degree will help preserve scarce

workforce resources as well preserve funding that can be used to expand the program. This is something that we believe can provide the program with long term sustainability which we believe is the real goal of this legislation.

The data has been compelling, and the stories and experiences with the Pilot have been inspiring. In other words, we are achieving great outcomes for students. From numerous interventions with students who had suicidal ideation, up to and including a plan and date for attempting suicide, 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 Pilot are not just improving lives, they are saving them.

Part of the work in the Pilot has been working out the mechanics such as the federal Health Insurance Portability and Accountability Act (HIPAA) that governs privacy on the health care side and the federal Family Educational Rights and Privacy Act (FERPA) on the education side. When a parent consents, this allows information to flow between the school district and CMHC. CMHCs have a long history of working with students, especially providing case management, and the difference in the Pilot is the MOU and release to share information among the professionals working with the students.

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. **Based on the latest data for the fall semester this year, nearly 70 percent of students involved with the program have improved attendance reports, with approximately 69 percent showing improved external behavior, and just over 58 percent having improved academic performance. Almost 2,600 students were referred to the program in the 33 pilot districts during the fall semester.**

Thank you for the opportunity to appear before the Committee today in support of the school mental health program that is currently in place, and I will stand for questions at the appropriate time.