Testimony to the Special Committee on Foster Care Oversight

534 S. Kansas Ave, Suite 330, Topeka, Kansas 66603
Telephone: 785-234-4773 / Fax: 785-234-3189
www.acmhck.org

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Chairwoman Concannon 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. This makes the community mental health system the "safety net" for Kansans with mental health needs.

We appreciate the opportunity to provide testimony today on workforce issues relating to the CMHC network in Kansas and its interaction with the child welfare system. Some of the issues we will discuss today include access to mental health services to youth in foster care, cool down or calm down spaces, and therapy without the patient present.

As we were researching some of the changes in the child welfare system over the years, one issue was mentioned several times by our executives. Long ago, all kids placed in foster care were sent to CMHCs for an intake and this frequently included psychological testing. This would have been in the mid to late 1990s and often times youth were deemed not medically in need of mental health services. However, for those who needed services, they could be quickly referred to those clinical or medical services. Now, the youth are seen later, if at all, but when they do need the aforementioned services, they seem to need them immediately whereas if an intake had been done earlier, the need for treatment could be identified and addressed much quicker.

The goal of our system and I suspect this Committee should be to figure out how we can bring the most safety and stability to the lives of these youth while eliminating or at least reducing the trauma that they experience. The sooner we can get youth connected with mental health services and reduce the potential need for Psychiatric Residential Treatment Facility (PRTF) or other placements, the greater the outcomes for the system will be. This is especially true since there is still a waiting list of 60-70 for these services. This is another place where CMHCs were once centrally involved, but that is no longer the case as of about five years ago. It should be noted that no waiting list existed at that time.

Another item that connects access and quality to treatment for CMHCs and our partners in child welfare, is workforce as has been previously discussed. We have been exploring and now can say that we support development of a two-year behavioral health tech certificate program at community or technical colleges. Such a program would include basic levels of training and education for students to be hired as attendant care, respite care, or other entry-level positions in behavioral health or child welfare and would also create a career path that may subsequently lead to bachelor's degrees in psychology, social work, criminal justice, or related degrees and eventually master's degrees in a related field to lead to greater home-grown clinical resources in our state.

Thank you for the opportunity to appear before the Committee today.