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Testimony to House Health and Human Service on HB 2236

Chairman Carpenter and members of the committee, good afternoon, and thank you for allowing me to testify here before you today in support of HB 2236. My name is Shantel Westbrook, and I am the Clinical and Rehabilitation Director for COMCARE of Sedgwick County, the Certified Community Behavioral Health Clinic (CCBHC) and Community Mental Health Center (CMHC) in Sedgwick County. COMCARE has a 65-year history of providing behavioral health services to the community, offering a wide array of services to a diverse and changing population. Each year, COMCARE serves between 12,000 and 15,000 individuals, operates the 988-lifeline call center, and runs a large crisis center, including a mobile crisis unit. We have a long-standing tradition of serving the most vulnerable and complex members of our community and act as the financial safety net in Sedgwick County.

I had the privilege of being part of the original pilot program starting in 2018 and have had the opportunity to watch it evolve and grow significantly over the years. I've also had the honor of testifying before the legislature as a strong proponent of the Mental Health Intervention Teams program in the past, and I am pleased to be here today to continue advocating for this vital initiative.

COMCARE's Mental Health Intervention Team currently serves five school districts, providing critical behavioral health services in 52 schools. Through our efforts, we have touched the lives of many youth who otherwise would not have had access to these essential services. The Mental Health Intervention Teams represent a collaborative effort involving schools, mental health centers, and a broad range of partners, all focused on building resilient youth and promoting emotional well-being. I am here today to confidently state that this program has consistently demonstrated success and quality outcomes since its inception.

In 2023, COMCARE expanded its reach by partnering with two additional school districts: USD 260 (Derby) and USD 263 (Mulvane). Derby, in particular, has been so impressed with the success rates and noticeable improvements that they expanded the program to include two middle schools. This expansion is a clear reflection of the program's success and the value placed on it by our partners.

It is my hope that this committee will take action to move the Mental Health Intervention Team program to permanent status in statute, rather than requiring annual legislative renewal and funding allocation. Doing so would provide greater stability and allow our partners to plan and develop long-term goals more effectively.

COMCARE is a strong supporter of this program because we see firsthand the significant impact these teams have on the lives of youth. To date, we have provided services to over 900 school-aged youth and are on track to serve more than 1,000 students this school year. Many of these students are in foster care,



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and greatly benefit from services delivered in a natural, familiar setting that helps minimize further disruption in their lives. Additionally, the program plays a critical role in breaking down barriers related to transportation challenges, lost work time, and absenteeism/traveling to appointments because services are integrated and provided within the school setting.

Notably, our program plays a crucial role in supporting students and families facing significant emotional and behavioral challenges by providing tailored interventions that foster resilience, improve emotional regulation, and promote academic success. For example, a student struggling with anxiety and depression learned effective coping strategies, which not only improved her academic performance but also strengthened her relationship with her mother. Similarly, a student who had exhibited anger and aggression, leading to disciplinary issues, improved his grades and behavior through anger management techniques, demonstrating the power of targeted support in transforming disruptive patterns. Additionally, a second grader who frequently engaged in physical aggression has not had any incidents in over three months, showing the program's effectiveness in helping younger children develop self-soothing skills and emotional control. Another example of our programs daily impact is a student who previously isolated and disengaged from school routinely, now participates actively in class with a new outlook and his days of routine absenteeism have subsided. Students are regaining confidence and connection with this crucial support.

The effectiveness of this program is clearly reflected in the outcomes from this academic year across our five districts. **82.90% of students** have shown improved attendance, indicating stronger engagement. Additionally, **75.10%** demonstrated reduced externalizing behaviors, such as aggression and disruptions. Academic performance also improved for **80.90% of students**, highlighting the positive impact of mental health support on learning. Finally, **89.10% of students** exhibited improved internalizing behaviors, such as anxiety and depression, underscoring the program's emotional benefits.

I am proud of our work to improve community health and confident that this committee, along with many legislators, supports the continued expansion and success of this program.

I strongly support the intent of HB 2236, and would be glad to take questions at the appropriate time. Thank you.