

SESSION OF 2025

**SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2236**

As Recommended by House Committee on  
Health and Human Services

**Brief\***

HB 2236 would create the Mental Health Intervention Team (MHIT) Program Act (Act), codifying the program in statute.

***Definitions (Section 1)***

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 statute regarding mental health centers and services, a mental health clinic organized pursuant to statute 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;
- “Qualified school” would be defined as any non-public school that provides education to elementary or secondary students and is accredited by the state board or a national or regional accrediting

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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 <https://klrd.gov/>

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;

- “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; and
- “Secretary” would mean the Secretary for Aging and Disability Services.

### ***Mental Health Intervention Team Program (Section 2)***

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.

#### *Program Focus*

The bill would require the MHIT Program to focus 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.

### *Provider Availability*

The bill would require any MHIT Provider providing services to be available to provide support for students 24 hours a day, seven days a week, for person-centered treatment planning, and outpatient mental health services.

### ***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. Subject to appropriations, the bill would provide for the Secretary to appoint a MHIT Program Manager and any additional staff necessary to support the MHIT Program Manager.

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 year. The school district would be required to provide notice to the MHIT Provider as soon as possible 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 State 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 (Section 3)***

Subject to appropriations, 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. Except as otherwise provided in the bill, 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 35 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, 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.

#### *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 on or before the first day of the regular session, beginning with the 2026 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, 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 provide MHIT Program staff requirements for both establishing and maintaining a program to include a combination of the following:

- One or more behavioral health liaisons employed by the school district; and
- One or more case managers and clinical therapists licensed by the Behavioral Sciences Regulatory Board 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 Behavioral Health Intervention 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 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 would be required to hold at least a bachelor's degree in any field of study.

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's 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 MHIT database as directed by KDADS;
- 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;
- Submitting an annual report to KDADS regarding how the liaison complied with the required roles and responsibilities;
- Entering all relevant information into the MHIT database within 14 calendar days following the date that the initial referral was completed for a student; and
- Primarily performing the roles and responsibilities that are related to the school liaison position and

within the scope of employment established by the school district.

*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 Behavioral Sciences Regulatory Board. 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 require 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 (Section 5)***

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.

***Qualified School Mental Health Intervention Team Board  
(Section 6)***

The bill would establish the Qualified School MHIT Board (Board), to be appointed by the Secretary as follows:

- A school psychologist employed by a qualified school;
- A school administrator employed by a qualified school;
- A mental health professional employed by a community mental health center;
- A mental health professional employed by a federally qualified health center;
- A representative of the State Board of Education;
- A representative of KDADS; and
- A parent or guardian of a qualified school student.

The bill would direct the Board to:

- Establish a Qualified School MHIT Program;
- Establish a plan, including specified criteria, for the allocation of moneys to qualified schools for the establishment and maintenance of mental health intervention teams; and
- Review the criteria for school district funding and determine which criteria would work best for the qualified schools. Such criteria could include, but would not be limited to, student population size, demonstrated need for mental health support, and the availability of qualified staff.

The bill would direct any qualified school seeking funding for MHITs would be required to submit a proposal for funding to the Board. The Board would be required to establish criteria, evaluate each proposal based on such criteria, and make recommendations to the Secretary on the

allocation of funding. Subject to appropriations, the bill would provide for the Secretary to allocate funding for qualified schools based on the Board's recommendations.

The bill would require the Board to oversee the implementation of the qualified school's MHIT, including:

- Reviewing the criteria for school district reporting;
- Monitoring and evaluating;
- Determining which criteria would work best for qualified schools; and
- Ensuring that the MHITs effectively meet the needs of students and adhere to best practices in mental health care and program service delivery.

The Board would be required to provide resources, training, and support to qualified schools and their MHITs, including access to professional development opportunities, educational materials, and networking opportunities with other qualified schools and mental health organizations.

## **Background**

The bill was introduced by the House Committee on Appropriations at the request of Representative Ballard on behalf of KDADS.

## ***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, the Catholic Diocese of Salina, the Catholic Diocese of Wichita, Children First, Children's Alliance of Kansas, COMCARE of Sedgwick County, Family Service and Guidance Center, High Plains Mental Health Center, Kansas Association of School Boards,

Kansas Catholic Conference, KDADS, Kansas National Education Association, and Wyandot Behavioral Health Network and three private citizens.

The proponents generally spoke about the positive impact of the MHIT Program on youth in Kansas, noting the benefits of students being able to receive services at school, scheduled to provide the least disruption during the student's day as well as reducing the need for parents to leave work to provide transportation for off-site appointments. The representative of KDADS stated that more than 15,000 students have received comprehensive behavioral health services through the MHIT Program since its inception and provided statistics on improvements in student attendance, behavior, and academics.

Written-only proponent testimony was provided by representatives of Blue Cross and Blue Shield of Kansas, Children's Mercy Hospital, Community Care Network of Kansas, Kansas Action for Children, and Kansas Mental Health Coalition.

No other testimony was provided.

### **Fiscal Information**

According to the fiscal note prepared by the Division of the Budget on the bill, KDADS, the Department of Health and Environment, and the State Department of Education indicate that enactment of the bill would have no fiscal effect on the agencies.

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