



## Testimony to House Health and Human Services on HB 2669

Chair Landwehr and members of the Committee, my name is Patrick Schmitz. I am the President and Chief Executive Officer for the Bert Nash Community Mental Health Center, Inc. In October of 2023, we became the first CMHC in Kansas to earn the full designation as a Certified Community Behavioral Health Clinic. In July of this year, our agency will celebrate its 74<sup>th</sup> year of service to the citizens of Douglas County, Kansas. We are a comprehensive CMHC/CCBHC with services that span the traditional therapy, psychiatry, case management, community-based supports, employment development and support, intensive outpatient, and some uncommon services including a forensic team at our county jail, homeless outreach and housing supports, and transitional housing to name a few. Additionally, in the past couple of years, we have added Assertive Community Treatment, medication assisted treatment, a mobile response team in partnership with our 988-partners, and most visibly, the Treatment & Recovery Center of Douglas County, which was designed to hopefully be the first Crisis Intervention Center once those regulations are finalized.

Notably as to my testimony today, for over 26 years, we have had a strong partnership of service with our local school districts through our WRAP program, which stands for Wellness, Resources, Access, and Prevention. This program places licensed mental health clinicians in schools where youth can access behavioral services more easily. Until the beginning of the current school year, we were not a part of the existing version of the Mental Health Intervention Team pilot program. Maintaining connection with the local schools and ensuring sustainability of these services has been a struggle at times. As such, I stand here today to provide my wholehearted support for House Bill 2669, also known as the Mental Health Intervention Team Program Act. This is a critical piece of legislation focused on strengthening and enhancing behavioral health services and support, particularly within our educational systems.

House Bill 2669 aims to better support, codify, and expand the existing mental health intervention team program in our state, establishing a framework for partnership between community mental health centers and school districts. This program seeks to provide greater access to behavioral health services for students enrolled in kindergarten through grade 12, creating a cohesive structure to optimize our behavioral health resources and workforce.

The proposed legislation outlines several key objectives of the Mental Health Intervention Team Program, including:

1. Identifying students in need of mental health support services and connecting them with appropriate resources.
2. Alleviating the shortage of specialized staff in schools, such as counselors and psychologists, by fostering collaboration between school districts and community mental health centers.



3. Providing and coordinating mental health services for students throughout the year, not just during the school calendar.
4. Reducing barriers for families to access mental health services and ensuring consistency in treatment for students.

One significant aspect of this program is the role of school liaisons, who play a vital role in coordinating services between schools and community mental health centers. As I mentioned earlier, The Bert Nash Center is new to the Mental Health Intervention Team program. I've had discussions with Grace MacMillan, our WRAP Manager, who oversees the team at Perry Lecompton, and she noted the liaison's role has been vital in providing interventions with students who don't necessarily need more formal services. They do a lot of coordinating of services and communication within the school environment, which frees up the WRAP therapist to focus on clinical interventions and allows them to support more students. MHIT is a crucial piece in our efforts to provide improved clinical services and acting as the CMHC/CCBHC in the school environment. That position also provides lots of support to kids in the school that can help kids and school staff get in front of issues before the need for clinical intervention arises.

Over the past several months, we have learned that by combining the benefits of the MHIT with the CCBHC, we are making more significant impacts on the lives of the student while creating a more sustainable program and a stronger partnership with the schools. Our organization can provide more integrated, whole-person care. Furthermore, the program's emphasis on making services accessible outside of school hours and providing crisis services aligns with our commitment to meeting students' needs where they are, when they need it most. Additionally, by requiring the department to publish aggregated reports of program outcomes, transparency and accountability are ensured, allowing for continuous improvement and refinement of services.

In conclusion, House Bill 2669 represents a significant opportunity to enhance mental health support for our youth. By establishing structures for collaboration between schools and community mental health centers, we can effectively address the mental health needs of students and ensure their overall well-being. The passage of this bill will provide predictable funding for mental health services in schools which would bring stability and consistency to programs and supports necessary to support youth. As the CEO of the Bert Nash Center, I wholeheartedly endorse this legislation and urge you to support its passage for the betterment of our communities.

Thank you for the opportunity to provide testimony, and I will stand for questions at the appropriate time.

Patrick Schmitz  
Chief Executive Officer  
The Bert Nash Center