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**REVISOR *of* STATUTES**

LEGISLATURE *of* THE STATE *of* KANSAS  
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**MEMORANDUM**

To: Senate Committee on Education  
From: Kansas Office of Revisor of Statutes  
Date: March 19, 2024  
Subject: HB 2669—Mental Health Intervention Team Program Act

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House Bill 2669 as amended by House Committee would codify the mental health intervention team program administered by the Kansas department for aging and disability services in state statute.

The mental health intervention team (MHIT) program has been operated through a budget proviso under the state department of education since 2018. HB 2669 would establish the mental health intervention team program act into statute under the Kansas department for aging and disability services (KDADS). The bill would require the secretary of KDADS to appoint a mental health intervention team program manager, and within the limits of appropriations, any additional staff as necessary.

Section 1 of the bill would provide definitions for relevant terms used in the act, including the terms, “department,” “school district” and “mental health intervention team provider.”<sup>1</sup> KDADS would be authorized to approve another category of provider other than those defined as a mental health intervention team provider.

Section 2 would formally establish the program and provide the purposes of such program, including:

- Providing greater access to behavioral health services for students and for team providers to optimize resources and workforce;

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<sup>1</sup> "Mental health intervention team provider" means a center organized pursuant to article 40 of chapter 19 of the Kansas Statutes Annotated, and amendments thereto, a mental health clinic organized pursuant to article 2 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto, or a federally qualified health center as defined by section 1905(l)(2)(B) of the federal social security act. "Mental health intervention team provider" includes other provider categories as authorized by the department to serve as a partnering provider under the mental health intervention team program act.

- Identifying students, communicate with families and link students and their families to behavioral health systems and resources;
- Alleviating the shortage of staff with specialized degrees or training, reduce competition for staff and provide broad-based services to students;
- Providing and coordinating mental health services throughout the calendar year; and
- Reducing barriers to access mental health services and maintain consistency for students.

Additionally, section 2 would specify that the program shall focus on students who have been adjudicated and are in the custody of the secretary for children and families or have been referred for a families first program or family preservation program and any other student in need of mental health support services.

Section 3 authorizes school districts to apply each year to KDADS to establish or maintain a mental health intervention team program. The application would be submitted on a form and manner as determined by KDADS. Each application would specify the provider the school intends to work with. After approval, the school district and the mental health intervention team provider would enter into a memorandum of understanding which would be submitted to KDADS for final approval.

Section 4 would provide that the mental health intervention team program shall include a combination of one or more behavioral health liaisons employed by the school district and one or more case managers and licensed therapists employed by the partnering mental health intervention team provider. The liaison would help students in need and coordinate services between the school district, the student, the student's family and the mental health intervention team provider.<sup>2</sup> The requirement that a school district employ a liaison may be waived under limited circumstances and the liaison may then be employed by the mental health intervention team provider. The licensed therapist would collaborate with the school district to assist students in need and provide services to such students.<sup>3</sup> The case manager would collaborate with the school district to assist students in need and coordinate services under the program.<sup>4</sup>

Section 3 provides that subject to appropriations, school districts with a mental health intervention team program may receive a mental health intervention team program grant and a

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<sup>2</sup> A complete list of the liaison's responsibilities can be found in subsection (c) on page 6 of HB 2669 as amended by House Committee.

<sup>3</sup> A complete list of the licensed therapist's responsibilities can be found in subsection (f) on page 7 of HB 2669 as amended by House Committee.

<sup>4</sup> A complete list of the case manager's responsibilities can be found in subsection (g) on page 8 of HB 2669 as amended by House Committee.

mental health team provider pass-through grant. The amount of the grant would be determined by calculating the total amount of salary and fringe benefits paid by the school district to each school liaison. The amount of the pass-through grant would be 50% of the amount of the mental health intervention team grant. If the appropriation is insufficient to cover the costs of the grants, the amounts school districts are entitled to receive would be prorated.

Section 5 of the bill would require school districts to establish a mental health intervention team program fund where all moneys received by the school district for mental health intervention team program grant or the mental health intervention team provider pass-through grant shall be credited.

HB 2669 would also require KDADS to submit an annual report 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. Such report would include a summary of the program, the providers, the grants received and the payments made by school districts.

HB 2669 would take effect on July 1, 2024, upon publication in the statute book.