



GOVERNOR LAURA KELLY

MESSAGE FROM THE GOVERNOR

REGARDING SENATE BILL 25

Senate Bill 25 includes many worthy bipartisan initiatives, including increased funding for mental health, economic development, infrastructure, and higher education. The state matching funds and technical assistance that I proposed in my budget for communities applying for federal grant programs could lead to transportation, energy, water, and broadband improvements that will benefit Kansans for years to come if administered effectively. The Omnibus Budget also contains well deserved pay increases for public employees who work every day to ensure the efficient and effective delivery of public safety, education, health care, emergency response, and business and family services throughout Kansas.

Many of the appropriations and related provisions contained in Senate Bill 25 were passed through the regular process, in which public hearings are followed by debate and amendment in committee and the full House and Senate. This process provides needed scrutiny and input. However, there are many items in this bill that were added after this process ended, some of which I have line-item vetoed below.

Adding sections of funding and related policy at the last minute does not provide legislators with the opportunity to understand and weigh the merits of each proposal. For the sake of all Kansans having a voice in the budget through their elected representatives, we should return to greater adherence to the regular process.

I look forward to continuing to work with the Legislature to provide fiscally responsible budgets that invest in our future and protect us from returning to the days when, in order to take care of one group, we had to sacrifice the needs of another.

Therefore, pursuant to Article 2, Section 14(b) of the Constitution of the State of Kansas, I hereby return Senate Bill 25 with my signature approving the bill, except for the items enumerated below.

Board of Pharmacy Provisos

Sec. 5 and Sec. 6 have been line-item vetoed in their entirety.

As I have said previously, legislators can address rules and regulations they disagree with through the regular legislative process. This ensures that any law enacted in the state of Kansas has received proper input from interested parties and that Kansas taxpayers are guaranteed transparency. The funding restriction in Sec. 5(a) and Sec. 6(a) impedes the Board of Pharmacy's ability to regulate issues related to the practice of pharmacy. This language was not properly vetted by any stakeholder, including patients and providers, who would be most affected by the changes in this line item.

Excluding Providers of Mental Health Treatment from Mental Health Intervention Team Program

The provisions of Sec. 37(a) that read as follows have been line-item vetoed:

And provided further, That the purposes of the mental health intervention team program are to: Provide greater access to behavioral health services for students enrolled in kindergarten or any of the grades one through 12 and establish a coherent structure between school districts and community mental health centers 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 community mental health centers; alleviate the shortage of staff with specialized degrees or training such as school counselors, psychologists and social workers and reduce the competition for such 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 provide coordination between the child's classroom schedule and the provision of such services:

And provided further, That the program shall focus on the following 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: *And provided further*, That the state department of education shall oversee and implement the mental health intervention team program in accordance with the requirements of this subsection and the policies and procedures established by the department pursuant to such subsection: *And provided further*, That, in each school year, the board of education of a school district may apply to the department to establish or maintain a mental health intervention team program within such school district: *And provided further*, That the application shall be in such form and manner as the department requires and submitted at a time determined and specified by the department: *And provided further*, That each application submitted by a school district shall specify the community mental health center that the school intends to coordinate with to provide school-based services to students who need assistance during the applicable school year: *And provided further*, That, if a school district is approved to establish or maintain a mental health intervention team program, the school district shall enter into a memorandum of understanding with a partnering community mental health center: *And provided further*, That, if the school district chooses to partner with more than one community mental health center, the school district shall enter into a separate memorandum of understanding with each such community mental health center: *And provided further*, That the department may establish requirements for a memorandum of understanding, including contractual provisions that are required to be included in each

memorandum of understanding and that are optional and subject to agreement between the school district and the community mental health center: *And provided further*, That each memorandum of understanding shall be submitted to the department for final approval: *And provided further*, That, subject to appropriations therefor, a school district that has been approved by the department to establish or maintain a mental health intervention team program shall be eligible to receive a mental health intervention team program grant and a community mental health center pass-through grant: *And provided further*, That, except as otherwise provided in this subsection, the amount of a school district's mental health intervention team program grant shall be determined in each school year by calculating the total amount of the salary and fringe benefits paid by the school district to each school liaison, not to exceed \$50,000 for any such school liaison: *And provided further*, That the amount of a school district's community mental health center pass-through grant shall be an amount equal to 33% of the amount of the school district's mental health intervention team grant, and moneys provided to a school district for the community mental health center pass-through grant shall be paid to any community mental health center that partners with the school district: *And provided further*, That, if the amount of appropriations are insufficient to pay in full the amount of all grants that school districts are entitled to receive for the school year, the department shall prorate the amount appropriated among all districts: *And provided further*, That the department shall be responsible for the allocation and distribution of grants in accordance with appropriation acts: *And provided further*, That the department may make grant payments in installments and may provide for payments in advance or by way of reimbursement and may make any necessary adjustments for any overpayment to a school district: *And provided further*, That the department shall not award any grant to a school district unless such school district has entered into a memorandum of understanding with a partnering community mental health center in accordance with this subsection: *And provided further*, That the department may waive the requirement that a school district employ a school liaison and may instead authorize a community mental health center that partners with the school district to employ a school liaison: *And provided further*, That such waiver shall only be granted by the department in limited circumstances: *And provided further*, That a school district that is granted a waiver pursuant to this subsection shall continue to be eligible to receive the mental health intervention team program grant and the community mental health center pass-through grant authorized pursuant to this section: *And provided further*, That the amount of the mental health intervention team program grant shall be determined in the same manner as provided under this subsection as though the school liaison was employed by such school district: *And provided further*, That upon receipt of any moneys awarded pursuant to the mental health intervention team program grant to any such school district, the school district shall direct payment of such amount to the community mental health center that employs the school liaison: *And provided further*, That, on or before January 8, 2024, the department shall prepare and submit a report on the mental health intervention team program for the preceding school year to the house of representatives standing committees on appropriations, social services budget and K12 education budget and the

senate standing committees on ways and means, public health and welfare and education: *And provided further*, That such report shall provide a summary of the program, including, but not limited to, the school districts that applied to participate or continued participating under the program, the participating community mental health centers, the grant amount each such school district received and the payments made by school districts from the mental health intervention team program fund of each school district: *And provided further*, That the staff required for the establishment and maintenance of a 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 clinical therapists employed by the partnering community mental health center: *And provided further*, That all staff working together under a school district's program shall be known as the behavioral health intervention team of the school district: *And provided further*, That the school district and the community mental health center shall cooperate and work together to identify needs specific to the students in the school district and the families of such students and shall develop an action plan to implement a school-based program that is tailored to meet such needs: *And provided further*, That a school district that participates in the program shall employ one or more school liaisons who will help students in need and coordinate services between the school district, the student, the student's family and the community mental health center: *And provided further*, That a school liaison shall have a bachelor's degree in any field of study. A school liaison's roles and responsibilities include, but are not limited to: Identifying appropriate student referrals for which the team shall engage; act as a liaison between the school district and the community mental health center and be the primary point of contact for communications between the school district and the community mental health center; assist with community mental health center staff understanding of the school district's system and procedures, including the school calendar, professional development, drills and crisis plan protocols; triage prospective student referrals and help decide how to prioritize interventions; help the community mental health center and other school personnel understand the roles and responsibilities of the behavioral health intervention team; facilitate communications and connections between families of identified students and the community mental health center's staff; coordinate a student's treatment schedule with building administrators and classroom teachers to optimize clinical therapist's productivity; troubleshoot problems that arise and work with the community mental health center to resolve such problems; track and compile outcomes to monitor the effectiveness of the program; maintain and update the mental health intervention team database as directed by the department; follow up with child welfare contacts if a student has moved schools to get the child's educational history; be an active part of the school intervention team and relay information back to community mental health center staff, including student observations, intervention feedback from teachers, communications with family and other relevant information; work with school administration to identify and provide confidential space for a community mental health center therapist; and assist in planning continuity of care through summer services: *And provided further*, That a community mental health center that partners with a school district shall employ one or

more master's level clinical therapists who will collaborate with the school district to assist students in need and provide services to such students under the program: *And provided further*, That a clinical therapist's roles and responsibilities under the program include, but are not limited to: 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 make 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 by the student's treatment plan to identify ways to support the student and family; providing therapy services as determined by a students' treatment plan; and maintaining the treatment plan and necessary treatment protocols required by the community mental health center: *And provided further*, That a community mental health center that partners with a school district shall employ one or more case managers who will collaborate with the school district to assist students in need and coordinate services under the program: *And provided further*, That a case manager's roles and responsibilities under the program include, but are not limited to: 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 student 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 community mental health center; 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: *And provided further*, That, as used in this subsection, "community mental health center" means a center organized pursuant to article 40 of chapter 19 of the Kansas Statutes Annotated, and amendments thereto, or a mental health clinic organized pursuant to article 2 of chapter 65 of the Kansas Statutes Annotated, and amendments thereto.

The Legislature should work in a bipartisan manner to codify and make permanent the current Mental Health Intervention Team Pilot Program. This program is vital to ensuring Kansas children have the mental health support they need as they progress through our public school system. I'm proud to support this program, and I have routinely increased its funding so that

more schools can provide these services to our students. As written, this proviso would limit the type of mental health providers and practitioners who can participate in the programming—hampering our school districts’ ability to contract with a variety of professionals and preventing certain mental health professionals from assisting our students. If we truly want to address the youth mental health crisis and support our young people, we need to ensure that students have access to every resource available. We cannot leave dedicated, experienced mental health professionals on the sidelines as our students remain in need of care.

Quindaro Ruins

Sec. 40 is line-item vetoed in its entirety.

This request for funding for a master plan for the Quindaro Ruins historic site was not considered by the Legislature until the final moments of the 2023 session. As a result, there was no opportunity to vet this proposal to ensure that it truly serves the needs of the community for whom the site is named. My administration recognizes the importance of this culturally significant site, and I will support efforts to elevate this fundamental piece of Kansas history and honor the surrounding community. Advocates should work through the proper channels to seek funding for this measure and ensure that it receives the recognition it deserves.

Inequitable Distribution of Need-Based Aid

The portion of Sec. 47(a) that reads as follows has been line-item vetoed:

Independent colleges comprehensive grant program.....\$5,000,000

Provided, That all expenditures from such account shall be made to provide that all moneys shall be distributed in the same proportionate amount as such moneys were distributed to each such independent college in fiscal year 2023 from the comprehensive grant program account (561-00-1000-4500): *Provided further*, That, as used in this subsection, "independent college" means a not-for-profit independent institution of higher education which is accredited by the north central association of colleges and secondary schools accrediting agency based on its requirements as of April 1, 1985, or by the higher learning commission of the north central association of colleges and schools based on its requirements as of January 1, 2006, is operated independently and not controlled or administered by the state or any agency or subdivision thereof, maintains open enrollment and the main campus or principal place of operation of which is located in Kansas.

Sec. 47(c) has been line-item vetoed in its entirety.

The Kansas Comprehensive Grant already provides a significant financial advantage for Kansas independent colleges on a per pupil basis. Publicly funded student financial aid should be targeted for its intended purpose by all institutions that receive it—providing aid to qualified Kansas residents who show exceptional financial need. It is vital that this funding is allocated in a manner that provides access to higher education for as many Kansas students as possible.

State Fire Marshal Proviso

Sec. 53 has been line-item vetoed in its entirety.

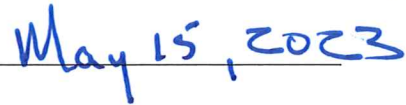
Completely prohibiting the State Fire Marshal from ensuring adequate safety regulations on an entire category of businesses is a heavy-handed approach to addressing state and local fire safety requirements and is bound to have unintended consequences. Stakeholders should work together to identify a regulatory solution that balances the business needs of farm wineries with fire safety.

THE GOVERNOR'S OFFICE

BY THE GOVERNOR

A handwritten signature in blue ink, appearing to read "Laura Bell", written over a horizontal line.

DATED

A handwritten date in blue ink, "May 15, 2023", written over a horizontal line.