



Testimony before the House Health and Human Services Committee on House Bill 2669
Scott Anglemyer, Policy Director
February 8, 2024

Chairwoman Landwehr and Members of the Committee:

Thank you for the opportunity to present our testimony on House Bill 2669 establishing the mental health intervention team program within the Kansas Department for Aging and Disability Services (KDADS). My name is Scott Anglemyer, and I am Policy Director for Community Care Network of Kansas. Community Care is the primary care association for the state of Kansas, representing a network of 28 health clinics delivering care at over 100 sites across Kansas. The majority of our members are federally qualified health centers (FQHCs) or FQHC look-alikes, as designated by the federal Health Resources and Services Administration (HRSA). Together, this network of clinics served nearly 350,000 unique patients through more than 1.1 million patient visits in 2023.

The clinics that make up our network share a vision that all Kansans will be able to achieve and maintain their ideal health. This will only happen when all Kansans have access to high quality healthcare, so increasing access drives what our network does. When our members decide where to locate clinic sites and what services to provide, community needs are considered above any other factor. Access is what drives our advocacy; we only advocate for or against policies when we see an opportunity to preserve or increase access to care.

Behavioral health services are becoming a more significant part of what our members do. The number and share of patient visits to member clinics have grown steadily in the last few years; data reported to the federal Health Resources and Services Administration (HRSA) show that in 2022, more than 20 percent of patients' visits to our FQHC members included the provision of behavioral health services. Many times, those services are provided as part of a visit with a primary care provider and result from the health center's integrated care approach. That same report shows that health centers employed nearly 100 licensed mental health professionals in Kansas. Our health centers' integrated care model recognizes that physical and behavioral health issues interact, and emphasizes the importance of addressing them simultaneously. Research shows that such integrated care improves both physical and behavioral health outcomes.

That same desire to address unmet community needs has led a number of our members to open health center sites in schools. At least nine health centers operate a combined 69 sites that are recognized by HRSA as school-based health centers. Some of these sites are open only a few hours per week and may offer only behavioral health services or dental screenings, but more than half are open at least 40 hours per week and most of those offer a full complement of integrated physical and behavioral health care. Health centers are established mental health providers in a number of schools and trusted physical and behavioral health partners in several school districts in the state.

Our members' presence in so many schools reflects their understanding that having health services—including behavioral health services—in schools is critical. The Mental Health Intervention Team (MHIT)

program does just that, and our clinics support making it a permanent program. There is ample anecdotal evidence of the program's success, and the growing number of school districts that want to participate is also an indicator of its success. We therefore support what this bill intends to do: making it an ongoing program in statutes, instead of a pilot program that relies on budget provisos for its continued existence.

However, we cannot support this bill in its present form because it tilts the playing field toward one type of organization in a way that could lead to the exclusion of other qualified providers, including community health centers.

- The bill mandates that the Association of Community Mental Health Centers of Kansas (ACMHCK) be involved in the evaluation of school districts' proposals for MHIT funding, creating the possibility that school districts partnering with Community Mental Health Centers (CMHCs) could be favored over other types of providers [Section 3(b)(1)].
- The bill requires the Kansas Department for Aging and Disability Services (KDADS) to consult with ACHMCK prior to awarding any MHIT grant, creating another opportunity to steer grants away from non-CMHCs [Section 3(b)(3)].
- The bill requires that if a grant is awarded to a school district that partners with a mental health provider other than a CMHC, the CMHC that serves the county where the school district is located must be notified [Section 3(c)(2)].
- The bill directs that any funds not awarded as grants to school districts must be awarded to ACHMCK to conduct training of school districts. Since the ACMHCK is part of the review team, this provision creates an incentive to recommend against awarding the full amount of funding.
- For the purposes of the MHIT program, the bill retains the term "community mental health center" to refer to any mental health provider participating in an MHIT, creating the strong impression that CMHCs have a privileged position in this program.

While the bill provides an avenue for organizations other than CMHCs to participate on MHITs, the privileged position and outsized influence they are given in the decision-making process throws up arbitrary and unnecessary barriers to health centers' participation in the program. School districts that want to partner with FQHCs could be denied access to MHIT funding, and their students would be denied access to the services of a mental health intervention team. We oppose this bill in its current form because these provisions limit access to care.