



DCCCA
IMPROVING LIVES

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Chairwoman Gossage and Members of the Committee:

This testimony submitted in opposition to HB 2578 comes from the perspective of service delivery in different systems with adults, children, and families with behavioral health needs. I am Lori Alvarado, CEO of DCCCA, Inc., which provides substance use disorder treatment (serve 2500 clients annually), statewide prevention services, statewide support for foster families (more than 400 foster homes), family preservation services and early childhood support services in Kansas.

From this multiple perspective, we see the need for behavioral health services everyday whether it be for our clients with substance use disorder (SUD) that have co-occurring mental health concerns or foster children with trauma that needs regular access to treatment to families with very young children facing behavioral health challenges. The acuity of issues that face our clients, children and families increases each year meaning more strain on the behavioral health services in the state.

Community mental health centers in our state provide dedicated care to address those in our state with behavioral health needs. While they are expected to provide things unique to their system and service provision, other provider groups in Kansas provide many of the same behavioral health (mental health and addiction health) services as community mental health centers but for some services we cannot be compensated. The work at this time with individuals in communities by one provider does not exclude the work and the effect of another provider group in the behavioral health space. Clients receive the best care and experience the highest quality outcomes when the entire system of care works together.

The national Certified Community Behavioral Health Clinic (CCBHC) designation offers an opportunity to bring the larger behavioral health system together seeking to efficiently and effectively treat those in need of behavioral health care whether they be connected to a community mental health center, a federally qualified health clinic, a SUD provider, a child welfare contractor, hospital, or other entity capable of providing the required services of a CCBHC. DCCCA supports state policy where any client needing services in Kansas can have more immediate



access and a choice in provider, ensuring health equity among all Kansans. More capacity to provide services means better access to care translating to more Kansans receiving needed behavioral health services timely and with choice. HB 2578 will prohibit this level of access and cooperation and the House amendment does not make it better.

Our connection to child welfare and early childhood populations offers our agency a vantage point beyond just our SUD services. Daily we encounter those with behavioral health needs who simply cannot access them timely to prevent deeper entrenchment in the systems, causing increased trauma. The opportunity for any qualified entity to provide the required CCBHC services allows more access which will improve behavioral health outcomes in Kansas, and help reduce the movement of children into foster care.

The CCBHC model is having this exact effect in other states across the country, when all providers who can meet criteria are granted access. Other systems in other states where any qualified provider becomes a CCBHC, outcomes for clients are better and communities can address the behavioral health crisis more effectively.

Many will say that the request for other entities to become a CCBHC is about a funding solution. It is not a funding solution to serve only one provider group. When the argument about a funding solution surfaces, the focus is placed on the wrong thing. It's not about funding. It's about comprehensive, integrated behavioral health care for anyone in the state with any qualified provider of their choice. Simply put, it's really about access and choice.

When contemplating this issue before you, I urge the committee to consider the implications of limiting access in choice to one system when clearly other systems serve clients with comprehensive behavioral health needs that remain unmet. Kansans should have a choice in deciding where and how to receive treatment. It is only through recognizing strengths across the entire Kansas behavioral health care system and working together to create easy to navigate care pathways for patients that Kansas will experience improved outcomes for our behavioral health clients.

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