



Testimony before the Senate Public Health & Welfare Committee
Neutral Testimony on House Bill 2578
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Chairwoman Gossage and Members of the Committee,

Thank you for the opportunity to offer testimony on House Bill 2578, regarding certification of Certified Community Behavioral Health Centers (CCBHCs). My name is Sonja Bachus, and I am CEO of 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 334,066 unique patients through more than 1 million patient visits in 2022. Ten percent of those visits were for behavioral health services.

Community Care Network of Kansas member clinics are dedicated to ensuring that all Kansans have access to high quality health care; access is quite literally the sole reason they exist. When our members decide where to locate clinic sites and which services to provide, community needs are considered above any other factor. Our clinics' behavioral health services are growing and becoming more sophisticated because our members have identified the need to increase access to mental health care. In doing so, they are coordinating closely with other providers, including Community Mental Health Centers (CMHCs) in the areas they serve. Demonstrating their confidence in FQHCs and Rural Health Clinics (RHCs), last year KDADS invited Community Care and five of its members to participate in a SAMHSA grant to support expansion of high quality integrated behavioral health services.

As amended by the House, HB 2578 would not permit the Kansas Department for Aging and Disability Services (KDADS) to certify as a Certified Community Behavioral Health Center (CCBHC) any organization that is not a community mental health center prior to July 1, 2027. Since the final CMHCs are expected to have attained provisional CCBHC certification as early as this month, the state would not be able to add any CCBHCs before that date regardless of whether they met the federal and state standards for certification precluding those non-CMHCs from providing certain kinds of behavioral health services—and from receiving the reimbursement that goes with the certification.

Limiting CCBHC eligibility to CMHCs—even temporarily—would make Kansas an outlier. In our research, we could find only two other states that place limits on the types of entities that can achieve CCBHC certification. On the contrary, most states and the federal government welcome and even encourage FQHCs as CCBHCs. According to data provided by the U.S. Department of Health and Human Services, dually certified FQHCs and CCBHCs exist in 27 states. With more than 60 FQHC/CCBHCs nationwide, more than ten percent of all CCBHCs are also FQHCs. The Substance Abuse and Mental Health Services Administration (SAMHSA) borrowed many elements from FQHC structure and practices in creating the CCBHC model, and in fact, SAMSHA has awarded CCBHC planning and implementation grants to FQHCs.

The sunset provision inserted by the House slightly improved House Bill 2578 by opening the door for FQHCs and other organizations to seek certification after July 1, 2027. Instead of a (for now) temporary moratorium on non-CMHC organizations' certifications, we suggest that the committee remove the language that only community mental health centers can be certified in the next three years. Barring that, we request that the committee consider inserting affirmative language that requires KDADS to certify qualifying non-CMHCs as CCBHCs at the end of the sunset period.

When the Legislature created the CCBHC certification process in 2021, it was heralded as the most significant transformation of the state's mental health system in decades. While we are still early in the CCBHC implementation process, nothing has changed the belief that CCBHCs will contribute to better mental health outcomes for the Kansans they serve. We believe in the CCBHC model, and we applaud those CMHCs that have made the transition to CCBHCs. The Legislature affirmed its confidence in the model just last year when it appropriated funds to accelerate the implementation timeline. With that action in mind, putting a pause on the opportunity for other provider organizations to be certified to serve through this model of care and reimbursement appears contrary to the value of the CCBHC model.

Allowing KDADS to grant CCBHC status to non-CMHCs in no way harms existing CCBHCs, but it does enhance access to a promising model of care for more Kansans. We encourage the committee to consider making changes to the bill that enhance, rather than restrict access. Thank you for your consideration of this testimony.