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Representative Landwehr and Members of the Committee on House Health and Human Services:

My name is Shane Hudson, and I am the President and CEO of CKF Addiction Treatment which provides addiction and behavioral health care services across the state of Kansas and served nearly 3,000 Kansans in 2023. CKF Addiction Treatment is a member of the Behavioral Health Association of Kansas representing providers of addiction and other behavioral health services across the state.

The perspective of the behavioral health system is not simply coming from the CEO of an addiction treatment center. My perspective comes from someone who has worked for mental health centers in Emporia, Ottawa, and Topeka as well as the child welfare system in Topeka and Junction City. Additionally, CKF Addiction Treatment partners with providers and community agencies across the state to include community mental health centers, federally qualified health centers, hospitals, primary care clinics, and criminal justice to name a few. We highly value these partnerships and the great work that is done together.

Community mental health centers in Kansas are staffed with caring people who work hard every day to help those with behavioral health needs with some unique features and provisions. They are tasked with some things that are unique to their system and service provision. However, other behavioral health providers do offer many of the same services already, but often it is not billable because those treatment codes are restricted. Delivery of behavioral health services requires the work and effect of all provider groups. I have seen Kansans benefit most when the system of care works together to make patient health a priority.

Certified Community Behavioral Health Clinic (CCBHC) status in other states efficiently and effectively treat those in need of behavioral health care while serving patients' total health needs to reduce high acuity, high-cost care. This model of care is about proving patient outcomes, seeing patients get better, and having capacity to serve more patients than the behavioral health system has been able to engage in Kansas. Kansans getting better as a result of there being 'no wrong door', ease of access, choice of provider, and providers working together to decrease administrative burdens of health care on the patient are all potential benefits of CCBHC in Kansas.



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States with CCBHCs do not usually restrict providers who meet every federal criterion. These provider types are often community mental health centers, addiction treatment centers, and federally qualified health centers. I personally visited two addiction treatment centers in Florida who are becoming CCBHCs in communities where other provider types are also becoming CCBHCs. The collaboration, coordination of care, and efficient use of resources between community agencies raises the system of care to new heights and truly puts the patient first.

The CCBHC model intent is not to solve funding issues for one system, but to help all Kansans benefit from a broader system and greater, more timely access. Helping only one system creates gaps and spaces where Kansans are at risk. There are far more Kansans in need of outcome driven behavioral health services than one provider group can manage. Serving the need that exists in Kansas will truly take models like CCBHC that function as they were intended, to allow providers across the systems to provide exceptional service.

I request that this committee seriously consider not allowing only one provider group to treat the health care needs of Kansans. Kansans have a choice in deciding where and how to receive treatment. And, Medicaid requires consumer choice. The strengths of the Kansas behavioral health care system working together are essential for an all hands on deck approach, and will see patient outcomes improve and no Kansan left to fall through a gap that was never necessary.

Thank you for your time. I am happy to stand for questions at the appropriate time.

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