**Please add your logo or copy and paste onto your organization’s letterhead and sign.**

**Feel free to personalize information about your organization and your reasons for supporting this bill.**

**Please be sure to fill in the sections below highlighted in yellow below.**

**E-mail your finalized version to** [**advocacy@healthplusadvocates.org**](mailto:advocacy@healthplusadvocates.org)

**DEADLINE: 2 pm on Wednesday, March 16th**

[INSERT DATE]

The Honorable Richard Pan, M.D.

Chair, Senate Health Committee

1021 O Street, Room 3310

Sacramento, California 95814

**Re: SUPPORT - SB 966 (Limón): Federally qualified health centers and rural health clinics: visits**

Dear Dr. Pan and Committee Members,

On behalf of [INSERT CHC NAME],I am writing to respectfully request your “AYE” vote on SB 966 which will soon be heard by Senate Health Committee.

Today, over 1,300 community health centers (CHCs) in California provide high-quality, comprehensive care to 7.2 million people in California each year – that is roughly 1 in 5 Californians. [INSERT A SENTENCE OR TWO ABOUT YOUR CHC AND HOW YOU ARE PROVIDING BEHAVIORAL HEALTH SERVICES].

CHCs have historically faced many challenges in terms of behavioral health workforce: lack of multilingual and diverse candidates, open vacancies that are unable to be filled for years, prolonged length of onboarding licensed providers and being limited to a small list of billable licensed providers. The ability to utilize Associate Clinical Social Workers (ASWs) and Associate Marriage and Family Therapists (AMFTs) under the declared public health emergency have alleviated these challenges and allowed timely access to crucial behavioral health services. In May 2020, DHCS (pursuant to SPA 20-0024) temporarily allowed ASWs and AMFTs as billable provider types for federally qualified health centers (FQHCs) and rural health centers (RHCs), contingent on the declared COVID-19 public health emergency. [INSERT SENTENCE OR TWO ON THE BH WORKFORCE CHALLENGES YOUR HEALTH CENTER IS FACING. ADDITIONALLY, PLEASE INCLUDE IF YOU USE ASW/AMFTs AND EXPLAIN HOW THEY ARE HELPING WITH YOUR WORKFORCE CHALLENGES. IF YOU HAVE NOT USED ASW/AMFTS, PLEASE EXPLAIN WHY YOU HAVE NOT].

SB 966 will help ensure that CHCs can continue utilizing ASW and AMFTs beyond the public health emergency and continue to diversify their workforce to better meet the needs of their communities by providing culturally and linguistically competent care. This temporary flexibility has increased access to behavioral health services and helped meet the increased patient demand during COVID-19. The looming concern for health centers is the inability to continue utilizing this workforce upon the expiration of the public health emergency decreasing the ability to offer access to care and certainly interrupting continuity of care for patients finally receiving treatment.

While the impacts of the COVID-19 pandemic on individuals and communities vary, one of the most omnipresent issues is its impact on behavioral health. Our state is in an extreme workforce shortage, leaving CHCs with decreased capacity to meet the increased demand of behavioral health services for California’s most diverse communities. Additionally, the ramifications of COVID-19 on behavioral health are extensive, and often disproportionately harmful to populations that have historically been marginalized. Unfortunately for Black, Indigenous, and People of Color (BIPOC), the pandemic has had a more adverse impact on them and their behavioral health. According to the California Health Care Foundation, roughly 4 in 10 Black, Latino, or mixed-race individuals report symptoms of anxiety or depression at above-average rates. [[1]](#footnote-1) This is propelled by the fact that we continue to battle societal injustices and related inequities in access to overall healthcare services, including behavioral health.

This is especially concerning for California’s CHCs who provide healthcare services to California’s most diverse populations, with more than 70% of patients being people of color and nearly 40% identifying a language other than English as their primary language. By mission, CHCs focus on providing culturally and linguistically diverse services to low income and non-English speaking communities regardless of their ability to pay and immigration status. They also have a long history of providing integrated care models that offer patients behavioral health care services as a part of their primary care health home.

SB 966 also allows CHCs to better incorporate Licensed Marriage and Family Therapists (LMFTs), including those persons that transition from AMFTs to LMFTs. According to January 2022 data from the Board of Behavioral Sciences, most active licensed behavioral health providers are Licensed Marriage and Family Therapists (LMFTs). Since 2016, AB 1863 (Wood, Chaptered), has allowed LMFTs to be billable provider types for FQHCs and RHCs. However, CHCs have not seen a market increase in their ability to bill for LMFTs, preventing FQHCs and RHCs from hiring LMFTs. A provision exists where FQHCs and RHCs must submit a Change in Scope-of-Service Request (CSOSR) after a full fiscal year before they can begin billing for services rendered by LMFTs and it is now clear that this provision has been a barrier to expand the behavioral health care team. This is not sustainable for FQHCs and RHCs, and leaves CHCs disadvantaged when trying to bring in a critical behavioral health workforce. This bill seeks to eliminate this barrier and guarantee that LMFTs are treated the same as licensed social workers and other licensed providers delivering care at FQHCs and RHCs. [INSERT A SENTENCE IF YOU ARE CURRENTLY UTILIZING LMFTs AND HOW REMOVING THE CHANGE OF SCOPE SERVICE REQUEST FOR LMFTs WOULD IMAPCT YOUR HEALTH CENTER].

**For these reasons, [INSERT CHC NAME], wholeheartedly supports SB 966 and we respectfully request your “AYE” vote when it comes before you in committee.**

Sincerely,

[INSERT SIGNATURE, TITLE of INDIVIDUAL AUTHORIZED TO REPRESENT ORGANIZATION]

cc: Senate Health Committee

1. “CHCF's Response to the COVID-19 Behavioral Health Crisis in California.” California Health Care Foundation, 20 July 2020, <https://www.chcf.org/blog/chcfs-response-covid-19-behavioral-health-crisis-california/>. [↑](#footnote-ref-1)