



## Written Testimony to House Committee on Corrections and Juvenile Justice on House Bill 2021

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Chair Owens, Vice Chair Smith, Ranking Member Highberger, and Members of the Committee, my name is Kyle Kessler, Executive Director for the Association of Community Mental Health Centers of Kansas. The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with mental health needs.

We appreciate the opportunity to testify in support of House Bill 2021, which provides for much-needed changes to the juvenile justice system. We believe that the changes in the bill can help create better outcomes for justice involved youth. Of the changes contained in House Bill 2021, we would like to highlight one area that involves funding from the evidence-based programs account under the Kansas Department of Corrections on page 16 of the bill.

As you heard from Randy Callstrom, CEO of the Wyandot Behavioral Health Network earlier this session, one of the most significant issues as a result of 2016 Senate Bill 367 was the unintended outcome that juvenile offenders were being placed in the foster care system due to lack of better alternatives for out of home placement, and the lack of availability of specialized, intensive community-based programs. The two most applicable national models for serving juvenile offenders are Functional Family Therapy (FFT) and Multi-systemic Therapy (MST), and while we can see that a number of these programs did start after implementation of Senate Bill 367, the funding appears to be inadequate to meet the demand for these programs statewide. These two models are very intensive from a time commitment and fidelity standpoint, and we believe that if funding were expanded to community mental health centers, and other nonprofit community-based service providers, that could have a material impact not just on the providers who might be experiencing some of the unintended outcomes of Senate Bill 367, but create better outcomes for juvenile offenders and their families, which should be our ultimate goal.

We feel that the changes contained in House Bill 2021 will enhance the ability of providers to deliver these much-needed services to more youth, and in a timelier fashion. As we’ve seen from research, early identification, and intense intervention are key components to programs that serve this vulnerable population.

Thank you for the opportunity to provide this written testimony today and we urge your support of House Bill 2021.