

HB 2021
Nick Reinecker
Opponent

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House Corrections and Juvenile Justice
Chair Rep. Stephen Owens

The term “behavioral health crisis” is very relatable to me.

There are numerous times when I, as an individual-liberty loving, limited-government advocating, constitutional-demanding citizen of the best state in the Union, read proposed bills by this legislature and feel like I am close to having a behavioral health crisis.

There are even times I believe a Law Enforcement Officer, a social worker or school employee could articulate the need to seize and detain me for a “72-hour hold” for diagnosis and treatment per questionable “Crisis Intervention Act” statute language (K.S.A. 59-29c01) that uses current accepted diagnostic (DSM-V) and treatment modalities (MAT), with appropriate billing codes, due to this stress and “trauma”.

Whether or not I should get a risk and needs assessment, as defined in K.S.A. 38-2302, and proposed in New Section 1, because I may be exhibiting behavior that could lead to offending behavior is up for debate, but since I am not a child in need of care going through a certain level of trauma, I would be less likely to exhibit that definition’s “box check-off” behavior.

Regardless of the validity of evidence-based community programs pursuant to K.S.A. 75-52,164s, or risk and needs assessments, there should be a defined and exclusive list of these programs and tools that can be referenced for all further policy development.

In Section 5, starting on page 12, I am against extending the overall case length limit.

In Section 6, starting on page 14, I am against “quick dips” for juveniles, especially for positive urinalysis tests involving green leafy substances because in spite of any urinalysis results, “quick dips” would likely induce more trauma, and are more likely to foster animosity rather than effective long-term behavior change, regardless of any short-term compliance.

Thank you

Nick Reinecker