



January 27, 2022

House Corrections and Juvenile Justice Committee

Testimony in Support of House Bill 2200

Chair Owens and Members of the Committee,

Thank you for the opportunity to provide testimony. I am Stuart Little, President of the Behavioral Health Association of Kansas (BHAK), the State's trade organization dedicated solely to substance use disorders (SUD) treatment and prevention providers seeking integrated behavioral health care. BHAK believes that true integrated behavioral health means access and funding for mental illness and substance use disorder treatment without regard to where our consumers seek services in the publicly funded behavioral health system.

We support House Bill 2200 making changes to the legal uses of the juvenile evidence-based practices fund. Since SB 367 became law in 2016 an on-going course of discussion, suggestion, and speculation has focused on efforts to expend the savings generated and retained from the closure of juvenile out of home placements. The funds have been preserved, but the method and manner to utilize the funds have eluded resolution. HB 2200 adds two components to make the use of these funds easier to accomplish the mission the Legislature intended: Expand community-based services.

Two sections we support specifically include the memorandum of understanding and amendments to section 6.

The New Sec. 1 codifies the memorandum of understanding between DCF and KDOC to structure the risk and needs assessment based on identifiable behavioral issues. That's more clear and constructive than previous conversations that considered moving funds without the clearest plan or purpose.

Sec. 6 Amendments have two key benefits.

- 6 (a) 1 (A) adds "and their families." Substance use disorder treatment (SUD) is at the root of a substantial portion of behavioral health problems. The adults' addictions may be clear and obvious but inadequate funding for SUD services means they are untreated, and youth suffer with the risk of further penetration into the costly public system increases. Adding funding for family treatment will help.
- 6 (a) 2 expands community-based treatment providers to "any other community-based service provider offering evidence-based community programs." With this language local supervision agencies will have greater access to local, community-based provider who provide evidence-based services. Given workforce and labor

market issues, allowing all qualified providers to serve these youth and their families is the smart move.

We support House Bill 2200 and are happy to answer questions at the appropriate time.

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