



Testimony to House Judiciary Committee on House Bill 2412

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Chair Patton and members of the Committee, my name is Michelle Ponce. I am the Associate Director for the Association of Community Mental Health Centers of Kansas, Inc. 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 behavioral health needs.

We appreciate the opportunity to testify in support of HB 2412.

Kansas has not been immune to the impact of the opioid epidemic that has plagued the country. According to the *Annual Report of Vital Statistics* published by the Kansas Department of Health and Environment, 169 deaths were attributed to opioid use in 2019; this is a staggering increase of over 700% in just two decades since 2000.

CMHCs are on the front lines of response to the epidemic. Currently, approximately three fourths of CMHCs provide substance use disorder treatment and services. Over the next few years, as CMHCs transition to the Certified Community Behavioral Health Clinic (CCBHC) model, this will increase as substance use services are a required service component of the model.

From this perspective, we strongly support the intent of the bill to provide funding via a grant process to qualified local programs for prevention and treatment programs. We very much appreciate the allocation of an appointment to the newly created grant review board. As written, one appointment is to be made by our association in consultation with the Kansas Association of Addiction Professionals (KAAP). It should be noted that our associations are separate, nonprofit legal entities with our own governing boards. While there is some overlap in membership, our Association represents members and sets policy priorities based on a broader behavioral health focus, while KAAP’s focus is specifically on addiction treatment and prevention. Given the two distinct perspectives, we respectfully recommend each association be allotted its own appointment to the board.

In conclusion, we applaud the work of the Attorney General in crafting a plan for

effective use of funding arising from opioid litigation to ensure distribution in such a manner to best meet the needs of our local communities, and we look forward to contributing to the work of the grant review board.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.