



March 8, 2023

House K-12 Education Budget Committee
Testimony Neutral on HB 2444

Chair Williams and Members of the Committee,

The Behavioral Health Association of Kansas (BHAK) is the state's trade organization dedicated solely to substance use disorder 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 a consumer seeks services. We appreciate the growing awareness of how substance use disorder affects everyone, particularly as a result of the impact of the pandemic. Addictions issues impact health care, employment, public safety, child welfare, and we support your investment of energy and resources.

We support the goal and purpose of House Bill 2444 but seek modifications to enhance the capacity and effectiveness. Our members provide substance use disorder (SUD) treatment, behavioral health services, and prevention services in many parts of Kansas. Several members have programs with local schools, including provide addiction prevention education, services, aiding in making referrals to services SUD services in the community. Our members, and other community-based providers around the State, help address the behavioral health crisis in our communities. We work in our communities along side community mental health centers to address this crisis. Unfortunately, this bill will not let us help in schools.

HB 2444 rightfully embraces a step forward from a pilot project to statewide services addressing this crisis. However, we believe this crisis needs the energy and effort of all providers. Provision of this bill, including funding, are available to one provider-type, community mental health centers. It is certain the community mental health centers have the resources to shoulder much of this responsibility, but the policy and funding raise some issues.

We encourage the committee to amend the bill and allow the Kansas State Department of Education to enter memorandums of understanding with other community-based service providers in addition to community mental health providers. As long as the provider is in a licensed facility, with staff qualified to provide Medicaid services on behalf of the State, they should be allowed to at the least seek an agreement with the KSDE.

Several key issues in the bill prohibit the state from using all available resources:

- Page 1 line 32: all patient activity must occur "within the network of community mental health centers" thereby excluding any other providers, even the

opportunity to utilize referrals and payment for specialized or expert services outside their system.

- Page 1 lines 34-36 explicitly states a protectionist purpose to impact the availability of workforce to the detriment of anyone not a community mental health center: “reduce the competition for such staff between school districts and other private and governmental service providers.”
- Page 2 lines 10-15 prioritizes child in need of care, families first, and family preservation kids. The language also allows anyone in need of services. There is a range from severe SED-level services to the more common students’ behavioral health needs that are very broad and include services below the most severe. A range of providers can provide those general services.
- Page 3 lines 22-24 prohibits any school district from receiving grant funds unless they partner with a community mental health center. This barrier impacts USDs’ local authority and interest they may have in other or multiple providers.

There are no bad investments in addressing behavioral health needs in Kansas and particularly related to our children. There are, however, ways to meet those goals using all the resource we have available.

Sincerely,

A handwritten signature in blue ink, appearing to read "Stuart Little".

Stuart J. Little, Ph.D.
Behavioral Health Association of Kansas