

Kansas Association of Addiction Professionals

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November 3, 2015

Joint Committee on Corrections and Juvenile Justice Oversight

Testimony on Juvenile Substance Use Disorder Treatment

Chairman Rubin and Members of the Committee,

I am speaking today on behalf of the Kansas Association of Addiction Professionals (KAAP). I am Steve Denny, Director of Clinical Services for Four County Mental Health Center and President of KAAP. KAAP is the state's only professional association dedicated solely to substance use disorder treatment and prevention providers. We represent substance use disorder and prevention providers in Kansas who work as non-profits, for profits, local governments, and individuals in private practice.

I appreciate the opportunity to provide some insights as to where there are needs in Kansas for additional investments in substance use disorder services to address addiction and prevention needs for juveniles. Your staff can provide the background on the Problem Gambling and Addictions Grant Fund revenues that are derived from 2.0 percent of state-owned casinos. Senate Bill 66 in 2007 was supposed to fund treatment programs to mitigate problem gambling related harms as well as long-standing funding gaps in the prevention and treatment of substance use disorders. Sec. 55 (c) (2)

Other than funding minimal basic problem gambling administration through the Kansas Department on Aging and Disability Services (KDADS), the bulk of the Problem Gambling and Addiction funds have been used to supplant the State General Fund portion of the Medicaid matching funds. This funding source, now over \$9 million annually, have not expanded any addictions services to anyone in Kansas.

Current Status of Juvenile Substance Use Disorder Treatment

Currently in Kansas, most juvenile substance use disorder (SUD) services are provided and funded in the following manner:

- Child welfare—SUD costs included in negotiated contract agreements.
- Juvenile correctional facilities—contracted health care contract through the Kansas Department of Corrections.
- Juvenile in out of home placements/Child In Need of Care—Medicaid funded through medical card when the child is removed from home and otherwise no dedicated funding source
- Federal Block Grant funds available for limited number of juveniles through capped contracts with a limited number of SUD providers.



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Gaps in Juvenile Substance Use Disorder Treatment That Problem Gambling and Addictions Grant Funds Could Support

- Juveniles with SUD needs, not Medicaid eligible and no insurance. Except for the limited Federal Block Grant Funds, families often have no other resources.
- Crisis services for juveniles who have touched the system and have behavioral health needs but no funding sources exist and the offender and families have to wait to get services.
- Juvenile offenders under court services or community corrections supervision—could more readily access community mental health resources if a funding source was available.
- Juveniles who received a juvenile intake but did not warrant out of home placement but who remain at home while under supervision with SUD needs are not eligible for Medicaid.
- Family therapy addresses SUD as a family issue that contributes to involvement with the system and when returning the juvenile to the same environment without addressing family SUD issues.
- Prevention and education programs for juveniles, particularly juveniles at risk.
- Expanded services—juveniles in Medicaid funded services could receive additional treatment Medicaid does not cover or when no other funding source exists.
- Juveniles in juvenile correctional facilities upon return to community placements—Some treatment may occur in facilities, but particularly short-stay offenders receive little or no treatment and needs exist in community placements.

It is clear there are gaps in the juvenile SUD array of services. A need exists as does a funding source. We are aware the Problem Gambling and Addictions Fund are currently being used to reduce State General Fund obligations. The impact of unmet needs to the State of Kansas can be seen in the correctional system, the child welfare system, the educational system, and in families torn apart by addictions.

We believe as you heard yesterday, the goal of the state is to provide more not less community based services for all behavioral health issues—mental health and substance use disorder—in the community not in costly out of home placements. The work of behavioral health groups in conjunction with law enforcement is looking at these community based crisis needs. The Problem Gambling and Addictions Fund is a resource we have not used yet and we should.

I would be happy to stand for questions at the appropriate time.