



12 March 2018

**House Appropriations Committee  
Testimony on House Bill 2688**

Chairman Waymaster 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 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. Our stakeholders large and small and geographically diverse adhere to the core beliefs of expanding capacity and access, and providing consumer choice in the publicly funded behavioral health system.

House Bill 2688 is important legislation to study mental health and substance abuse needs. We support the bill. Our members provide the majority of addictions treatment in Kansas, operate the majority of residential addictions treatment beds in Kansas, provides the majority of DUI and Senate Bill 123 treatment services in Kansas. There is, however, whether by accidental omission or direct intent, one issue we would like for this committee to address before advancing the bill. The BHAK has only been operational since last fall so it's possible whoever requested the bill may have been ignorant of our existence.

We would request the bill be amended to add a representative of the Behavioral Health Association of Kansas in section 1 (b). The BHAK is comprised of stand-alone treatment providers large and small who serve those with addictions throughout Kansas. Our membership is reflected on the attached map. Many providers from individuals in private practice, community mental health centers that have an addictions program, and substance use disorder treatment providers serve the addictions side of behavioral health treatment world. Among the appointments to the Task Force are the Association of Community Mental Health Centers and the Kansas Association of Addictions Professionals. The membership of these two associations, possibly with only a couple of exceptions, is only community mental health center members.

The addition of the BHAK to the Task Force as the representative organization of the network of substance use disorder treatment providers will help complete a thorough and meaningful assessment of its duties in section (e). A significant focus of the behavioral health field is on addictions, methamphetamines, opioids, and the persistent drug, alcohol affirm that this study needs the expertise and experience of the network of providers to fill out the mission of this Task Force. Substance use disorder treatment providers built over time, without the support provided to other systems, have been serving Kansas for years and they are a resource

under valued if they are not included in this important study. Most importantly, the Task Force outcomes will be incomplete without their participation.

I am happy to answer questions at the appropriate time.

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