



## Association of Community Mental Health Centers of Kansas, Inc.

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### **Testimony to House Corrections and Juvenile Justice on HB 2353**

February 8, 2024

Chair Owens 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 2353.

After the last legislative session, the Kansas Department of Aging and Disability Services (KDADS) convened a broad-based stakeholder group to review and provide feedback on HB 2353. We appreciated the opportunity to work with KDADS, and other stakeholders to find ways on how we could improve HB 2353. This is a complex policy area, and the thorough discussion on the bill and proposed changes was appreciated. Ultimately what this bill would accomplish is to more easily allow Assisted Outpatient Treatment (AOT) programs to function in Kansas.

Multiple CMHCs currently participate in AOT programs in partnership with their local courts and law enforcement agencies. When an individual has been deemed in need of outpatient behavioral health care and ordered to participate in an AOT program, the participating CMHC provides community-based mental health treatment in line with the court order.

As outlined in HB 2353, individuals ordered to participate in AOT are likely to meet the criteria for inpatient care and treatment and are likely to experience increased symptoms and psychiatric deterioration if they do not participate in outpatient care, which they may struggle to stay actively engaged in absent a court order requiring them to do so. In short, the AOT process requires participants to participate in community-based services, with the end goal of diverting them from requiring more costly and scarce inpatient services.

We support the proposed amendments to HB 2353, as well as sustaining or implementing AOT programs across the state to best meet the needs of this difficult to serve population.

Thank you for the opportunity to provide testimony, and I will stand for questions at the appropriate time.