To: Senate Committee on Public Health and Welfare  
From: Lea Taylor, Assistant Secretary  
Date: March 4, 2015  
Subject: HB 2042, Membership on the Governor’s Behavioral Health Services Planning Council

Chairman Pilcher-Cook and members of the Committee:

I appreciate the opportunity to present testimony in support of HB2042. This legislation amends statutes pertaining to the Governor’s Behavioral Health Services Planning Council (GBHSPC) by adding a tribal representative to the council and clarifying language to better reflect the changes resulting from the merger of the Department of Corrections and the Juvenile Justice Authority.

K.S.A. 39-1605 established the Governor’s Behavioral Health Planning Council in part, to comply with federal public law 102-321. Public law 102-321 requires each state to have a GBHSPC in order to receive Substance Abuse and Mental Health Services Administration (SAMHSA) Substance Abuse Prevention and Mental Health Block Grant funding. The Substance Abuse Prevention and Treatment Block Grant program provides funds to plan, implement, and evaluate activities that prevent and treat substance abuse and promote public health. The Mental Health Block Grant provides funds for comprehensive, community-based mental health services to adults with serious mental illnesses and to children with serious emotional disturbances and to monitor progress in implementing a comprehensive, community-based mental health system. Funding provided is for the uninsured/under insured. Grantees use the block grant programs for prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services.

The Governor’s Behavioral Health Services Planning Council in Kansas is currently comprised of 33 members with a requirement that a minimum of 51% of the members be consumers or family members of consumers. One of their primary purposes is to review the State plan, provide feedback, and ultimately approve the State’s application for the SAMHSA block grant.

According to the 2009 Memorandum on Tribal Consultation, SAMHSA is required to submit plans on how it will engage in regular and meaningful consultation and collaboration with tribal officials in the development of federal policies that have tribal implications. In order to achieve this outcome, SAMHSA has requested that states provide a description of how they consulted with tribes in their state, which should indicate how concerns of the tribes were addressed in the State Block Grant Plan.

On July 1, 2013, HB 2368 was adopted and amended state statute K.S.A. 39-1605 in part to reflect SAMHSA initiatives and requirements, including expanding membership to substance use disorder providers, consumers in recovery from a substance use disorder, and family members of consumers with substance use disorders; replacing the term “mental health” to “behavioral health”; and, so forth. However, the requirement for tribal representation was omitted in HB 2368.

Adding the Governor’s Tribal Liaison to the GBHSPC will help ensure that Kansas will be in compliance with the federal requirements and will not risk losing block grant funding for non-compliance.

There will be minimal financial consequences to passage of H.B. 2042. Increasing the council’s membership from thirty-three to thirty-four will increase the funds required to provide for per diem, mileage, and subsistence allowance.