

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

Comments regarding HB 2495 to the House Health and Human Services Committee

Amy A. Campbell – February 7, 2018

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition. The Kansas Mental Health Coalition is a statewide roundtable grassroots organization dedicated to improving the lives of Kansans living with mental illness and behavioral health needs.

HB 2495 deletes the county catchment areas for state mental health hospitals and amends statutory language to add “facility” to the list of places where an individual may be committed for competency examination or restoration.

We are neutral regarding the language to update the statute, possibly allowing greater utilization of community based facilities.

However, we are concerned with the language removing catchment areas from the statute. In 2016, the Department for Aging and Disability Services testified in support of a similar bill in order to set catchment areas by rule and regulation.

I have been honored to serve as a co-chair of the Adult Continuum of Care Task Force and as a member of the Mental Health Task Force established by the 2017 Legislature. Each of these groups released reports with recommendations designed to improve our mental health system with specific attention to the crisis at Kansas mental health hospitals. Neither of these reports included a priority recommendation to remove the catchment areas from statute.

Many stakeholders do support providing some flexibility to the agency in order to improve treatment access. However, the state mental health hospitals are a crucial safety net resource to Kansas communities and changes to the statute that might allow the State to move the resource farther away or reduce access are opposed. The current moratorium on voluntary admissions to Osawatomie State Hospital and the ongoing waiting list has sharpened this insecurity. Ending the moratorium is imperative.

Some stakeholders have been concerned that removing the catchment areas from the statutes would lead to hospital consolidation or privatization that would send individuals even farther from their home communities and complicate discharge efforts. This would also have a significant effect on law enforcement agencies that transport individuals to the hospitals. Once the statute is changed, future agency leaders could have this option.

We are grateful the 2017 Legislature recognized the crisis facing Kansas communities and added funding to our community mental health system. The reports cited above lay out multiple recommendations to more fully close the gaps in our continuum of care, which result in recurring hospitalizations and unnecessary incarceration. Secretary Keck and his staff at KDADS have worked very hard to facilitate improvement and we support their work, including initiatives to build crisis services at the community level and improve the quality of treatment at the state mental health hospitals.

Ultimately, we would prefer to see an amendment to add specific language in the statute to provide for flexibility to best serve Kansans who need hospital treatment, rather than completely deleting catchment language.

Thank you for the opportunity to speak to you today. Please feel free to contact me at any time.

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