Testimony to House Committee on Health and Human Services on House Bill 2549

534 S. Kansas Ave, Suite 330, Topeka, Kansas 66603
Telephone: 785-234-4773 / Fax: 785-234-3189
www.acmhck.org

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Mister Chairman and members of the Committee, my name is Colin Thomasset. 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 mental health needs.

The Association appreciates the opportunity to testify as neutral on HB 2549.

The Association and its members have not had the opportunity to dialogue with the Kansas Department for Aging and Disability Services (KDADS) regarding the changes proposed in the bill relating to competency evaluations and removing legislative oversight of Osawatomie State Hospital (OSH) and Larned State Hospital (LSH) catchment areas.

Competency

As it relates to the portions of the bill dealing with competency evaluations and treatment, we feel that the expansion to allow for other state facilities may be appropriate to help alleviate the current backlog that exists for these services at LSH. The State should make every effort to ensure that people are not sitting in jail waiting for competency or restoration services.

I would note that when asked, CMHCs also perform these competency evaluations as a service to the district courts, and it is one that many CMHCs spend more on delivering the service than we are paid by the State. There is formal training in forensic psychology offered by the State at LSH and that training is provided to the licensed CMHC psychologists that perform these evaluations.

We hope that with any changes that may occur from the passage of this bill, that this forensic training continue so that CMHCs may be able to continue to provide this valuable service. Additionally, we hope that this would not be the beginning of the end of competency work at LSH. Our CMHCs that serve the western half of the State rely on LSH as a safety net resource for individuals experiencing a mental illness.

Catchment Areas

We believe that State Mental Health Hospitals (SMHHs) function as a critically important safety net resource for those who require inpatient care. OSH and LSH serve persons experiencing serious symptoms of severe mental illness who require inpatient care. The individuals admitted to these

hospitals are typically those that CMHCs cannot safely and effectively treat in the community. This is a vital service the State of Kansas provides for its citizens. Because CMHCs function as an outpatient safety net resource for large numbers of persons with the most severe forms of mental illness, it is vitally important that we, in turn, have access to a safety net resource for those patients whose illness simply cannot be managed in a community setting, and who have no resource to pay for private care. For us, and those patients, the SMHHs are the safety net.

There is a longstanding partnership between the SMHHs and CMHCs. Each CMHC designates a liaison to their respective SMHH. Liaisons work with hospital staff to coordinate services upon discharge. This coordination helps to reduce the length of stays by ensuring that community based services are available.

HB 2549 appears to move the definition of catchment areas for the SMHHs from statute to the rules and regulation process. As a result, we have several questions we would offer for consideration. Some of those questions are as follows:

- What is the fiscal note for local governments to potential changes in SMHH county alignments around transportation and court costs?
- What does KDADS anticipate in terms of changes in each SMHH census capacity, budget and staffing?
- Are any budget changes planned to accommodate such shifts?
- Have any consumer or patient groups been consulted about these potential changes?
- Could this lead to a statewide waiting list for SMHH beds, just as we have seen with beds at OSH?
- Are other statutory changes needed to make these operational changes?

If the impetus to this bill is to change the catchment area for just a small number of counties, it may be easier to make those minor adjustments in statute at this time rather than the larger change this bill would create. Considering the issues we face at our SMHHs and that the Legislature has not had the opportunity to implement any of the recommended changes from the Mental Health Task Force that met last year, removing legislative oversight from the process of aligning SMHH catchment areas does not seem necessary.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.