



Association of Community Mental Health Centers of Kansas, Inc.

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Testimony to House Corrections and Juvenile Justice Committee on House Bill 2497

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Madam Chair and members of the Committee, my name is Colin Thomasset, I am the Policy and Research Analyst for the Association Community Mental Health Centers of Kansas, Inc. The Association represents the 27 licensed Community Mental Health Centers (CMHCs) in Kansas who provide home and community-based, as well as outpatient mental health services in all 105 counties in Kansas, 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. The CMHC system is state and county funded and locally administered. In Kansas, you first must be designated by your County to serve as the CMHC to the county residents, then you must secure a license from the Kansas Department of Social and Rehabilitation Services (SRS), to become the publicly funded CMHC and recognized as such by the State of Kansas. Consequently, service delivery decisions are made at the community level, closest to the residents that require mental health treatment. Each CMHC has a defined and discrete geographical service area. Together, they employ over 4,500 professionals.

The CMHCs provide services to Kansans of all ages with a diverse range of presenting problems. Together, this system of 27 licensed CMHCs form an integral part of the total mental health system in Kansas. 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. Collectively, the CMHC system serves over 123,000 Kansans with mental illness.

The Association does not support House Bill 2497. This bill has raised numerous concerns for us, and we feel that it is a step in the wrong direction. If passed, this bill would create the unintended impact of placing more strain on State Mental Health Hospital (SMHH) beds at precisely the same time that we are experiencing a critical shortage of inpatient resources. For a number of years, our SMHHs have reached their maximum capacity and are often significantly over census on a continual basis, and sometimes at very alarming rates.

As documented in the fiscal note prepared by the Division of the Budget, this bill would require development of a new treatment unit at Larned State Hospital – State Security Hospital (SSH) program where forensic treatment is provided. As of January 24, 2012, there were 34 individuals awaiting admission to SSH and the average length of wait was 66 days. The total cost of developing a new treatment unit would cost over \$3.2 million SGF.

We fear that if this bill passed, and funding is not allocated, resources will have to be put into the forensic units and pulled away from civil commitment and voluntary commitment beds in order to meet the timelines. Currently in FY2012 year to date, the adult inpatient civil and voluntary commitment beds are over census 99% of the time. We

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believe that SMHHs function as a critically important safety net resource for consumers of the public mental health system who require inpatient care. Considering the capacity issues already facing the SMHHs, any reduction in inpatient beds would have severe consequences.

The bill brings up the matter of qualifications on Page 2, Sec .4. The phrases "sufficient professional education" and "sufficient forensic knowledge" are not adequately defined. This would lead to less standardization across the system, as courts will have the authority to arbitrarily determine who might have this sufficient education and forensic knowledge to perform evaluations. It will not serve the courts or defendants for the law to require the evaluator to have a Ph.D. or some certified forensic training as CMHCs have been doing the bulk of these evaluations in the community. There is currently training offered and provided to the CMHCs psychologists that perform the evaluations. We do not need to have fewer persons performing these evaluations. It is typical that CMHCs are able to perform the competency evaluations within the current timeframe, and usually much quicker.

The bill also brings up the possibility of contesting the evaluation findings on Page 4, Sec. 10. This change would impose substantial new obligations on the courts. Could this lead to "contesting until we get what we want" type thinking as well?

We believe it would be unwise to implement the changes in HB 2497. In your deliberations, please consider the cost that would be incurred with the passage of this bill, and the severe impact it would have on inpatient resources.

Madam Chair and members of the Committee, I thank you for allowing me to testify before you and I am happy to stand for any questions.