

**Testimony in Support of House Bill 2549  
Relating to mental health services; determinations of competency;  
commitment for treatment; Larned state hospital  
and Osawatomie state hospital catchment areas;**

**Presented to the House Committee on Health and Human Services  
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**February 7, 2018**

Chairman Hawkins and Members of the Committee:

I appreciate the opportunity to testify as a proponent on behalf of House Bill 2549 which amends the existing statutes, K.S.A. 2017 Supp. 22-3302, 22-3303, and 39-1602, relating to competency and restoration treatment and the state psychiatric hospital catchment areas.

**Competency Evaluations and Restoration Treatment:**

The Kansas Department for Aging and Disability Services (KDADS) proposes changes to K.S.A. 22-3302 and 22-3303 to allow greater flexibility in the completion of forensic evaluations related to competency and restoration with the goal of reducing the bed availability list for the state psychiatric hospitals. These changes will allow defendants to be committed to any appropriate state psychiatric hospital, county or private institution for competency evaluation and restoration treatment.

**State Psychiatric Hospital Catchment Areas:**

This portion of the proposed legislation seeks to simplify the process of identifying the catchment areas for Osawatomie State Hospital (OSH) and Larned State Hospital (LSH). The OSH and LSH catchment areas are specifically defined in both K.S.A. 39-1602 and in Kansas Administrative Regulation (KAR) 30-26-1a. The current process to modify the catchment areas requires a change to both the statute and the regulation, which takes considerable time and is unnecessarily duplicative.

Under K.S.A. 39-1613, the Secretary of KDADS has authority to establish catchment areas through rules and regulations. The LSH and OSH catchment areas are identified in K.A.R. 30-26-1a. The regulation process provides for a public comment period before a change in the catchment area can be achieved. Eliminating the statutory definitions of the LSH and OSH catchment area in K.S.A. 39-1602(i) and (j) would make it more efficient for KDADS and all stakeholders.

Catchment areas are occasionally changed due to circumstances, such as population shifts or community mental health center re-alignments. For example, a community mental health center may be asked to serve a new county by the board of county commissioners or another executive board of an existing center. Although rare, KDADS believes that any changes in catchment areas are adequately managed by K.S.A. 39-1613 and K.A.R. 30-26-1a.

For these reasons, KDADS respectfully requests this committee pass House Bill 2549. At this time, I welcome the opportunity to answer any questions you may have regarding the bill.