



Testimony to the Senate Assessment and Taxation Committee

March 9, 2016

Good morning Mr. Chairman and members of the Senate Assessment and Taxation Committee. I am Robbin Cole, Executive Director of Pawnee Mental Health Services. Thank you for the opportunity to appear before you today to speak in opposition to SB316.

Pawnee Mental Health Services is a private, not-for-profit licensed community mental health center and substance use treatment facility serving over 7,600 people a year in ten counties in north central Kansas. Pawnee is a member of the Association of Community Mental Health Centers of Kansas.

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, 365 days a year. In Kansas, CMHCs are the local Mental Health Authorities established by contract with the Boards of County Commissioners and coordinating the delivery of publicly funded community-based mental health services. As part of state 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 serving over 127,000 Kansans a year.

There is no county in Kansas that is not served by one of the 26 licensed Community Mental Health Centers. The Community Mental Health System epitomizes a regional service delivery model. Pawnee Mental Health Services provides mental health safety net services in a region that includes semi-urban, rural and frontier counties, each with their own unique set of circumstances which are best addressed in local partnership with the community mental health center.

In recent years, the state of Kansas has promoted initiatives which regionalize mental health care. A prime example includes the Governor’s Mental Health Initiative of FY2013 which challenged the 26 Community Mental Health Centers to partner with each other and local stakeholders in new ways to develop regional recovery support centers throughout the state. The state gave further endorsement of this strategy when it helped the Wyandot Center for Community Behavioral Health start up a sobering and crisis observation and stabilization

facility in Kansas City and when it did something similar with Comcare of Sedgwick County in Wichita. As the initial funding support of these state initiatives comes to an end, these two community mental health centers and their local counties will be challenged to sustain the programming which the state has identified as being an essential part of the state's mental health safety net. Legislative initiatives, like SB316, which place financial restrictions on county government, run counter to state initiatives already in motion which are designed to incentivize the development of regionalized mental health services

The cuts in state grant funding to the community mental health system which began in FY2008, the management of Medicaid by the three Managed Care Organizations (MCOs) which began in FY2013, the moratorium on admissions to Osawatomie State Hospital which began in FY2015 and the impact of these reductions on local stakeholders such as law enforcement, corrections agencies, hospitals and citizens, has created an environment in Riley, Geary and Pottawatomie counties that has been ripe for discussion about the development of a regional crisis center and where that discussion is occurring. These kinds of local discussions seem to be what the state has hoped for. SB316 will make it more difficult for these discussions to move forward. Please vote "no" on SB316.

Thank you for this opportunity to speak today. I am happy to answer your questions.