Approved 4/4/90
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by SENATOR ROY M. EHRLICH at
Chairperson

10:00 a.m./~~p.m.~~ on March 28, 19 90 in room 526 S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Services
Emalene Correll, Legislative Services
Norman Furse, Revisor's Office
Sandra Nash, Committee Secretary

Conferees appearing before the committee:

The Chairman called the meeting to order, calling the Committee's attention to H.B. 2586.

The Chairman called proponent Lori Class, Legislative Liaison for the Mental Health Association. She said she was appearing in support of H.B. 2586, citing what she considered to be what is lacking in the current mental health system(Attachment 1)

The Chairman called the next proponent, Professor Charles Rapp, Ph.D.(KU).

Dr. Rapp said that our journey began 2½ years ago and he has the feeling we are near our destination. He said this bill would return Kansas to the forefront of mental health, which we held 30 years ago. It would allow Kansas to come into compliance with federal law 99-660, which requires community base system of care for all Kansans suffering from major mental illness and not just institutional care for a few. Secondly, would create a single system of care, with a focus on single entry. The sytem which we have right now, is where no body is in charge, goals and policies are conflicting, competition is frequent and failure is easily blamed on other systems. And all this is costing an incrediable amount of state monies. (Attachment 2)

Dr. Rapp said it would create a new partnership between state and local officials and providers with clear delineation of roles, responsibilities and focus for the first time on the same goals for the same target population.

Dr. Rapp said it establishes a rational mental health financial policy in the State of Kansas. It begins to shift dollars from institutional care to community care, with an emphasis on jobs, housing and friends.

Senator Hayden asked if Dr. Rapp was aware of the proposed amendments submitted by Bob Harder?

Dr. Rapp said no he wasn't.

Senator Hayden asked if he liked the bill as it is?

Dr. Rapp said yes.

Senator Walker said that there are a lot of people expressing concern that private practitioners will be prohibited from admitting patients to state institutions. What do you think the impact will be we deleted that?

Dr. Rapp said the legislation would be gutted. One of the key things

that is needed that there needs to be somebody that is responsible for gate-keeping.

Senator Reilly said he wondered what Dr. Rapp's thoughts were. Since we are admission to the state in terms of services provided, as regards to reduction in costs that we might anticipate in the state institutions. The groups and their meetings and all their discussions, if we need to make this shift of responsibility, that we can reduce budgets and the number of personnel in state institutions.

Senator Walker asked at what point do you see a significant cut in the budget in the institutions.

Dr. Rapp said the feds keep increasing the accreditation standards in the institutions and you will be asked to make emergency appropriations as a routine part of your activity. If, in fact, we are able to reduce the number of people served in the hospital, there will be less of that need to do so. If you close a ward in this state, we're talking about being able to accrue $600,000 directed from that. That doesn't even include overhead expenses. That money can be shifted immediately.

Senator Walker said so it's really not a savings because you are shifting the money at the institutions to increase your staffing ratios. In fact, like at Osawatomie, they closed a lodge with 13 beds. There's no savings because that staffing is going to be used to upgrade the staffing in another part.

Dr. Rapp said at this time that is exactly right. The alternative there, you would be having to layout an additional $100,000 or whatever. That would be saved.

Senator Walker said in the first two or three years of this we are talking in a break even situation where the hospital budgets don't increase but they don't decrease either. At what point are we going to start talking significant reduction in state hospital budgets. And at what point are we talking significant reduction in staff? Because you are only talking the whole implementation is 70 beds, 30 of them are going to be up from real quick. But no cost changes.

Dr. Rapp said what he is saying is some of that stuff is not predictable because of the feds accredidation standards.

Senator Walkers said the real savings everyone is talking about away from the state hospital is not really a savings. It is a reduction in what we might have to pay later on.

Dr. Rapp said that may very well be. You don't know what the environment is going to expect from the hospitals in the future.

Staff Furse said in regard to the other side of the equation, which is the local mental health centers. There's evidently and would appear obvious going to be more responsibility placed on local mental health centers, more clients perhaps. What is this going to do to their budgets and did the committee or commission that developed this legislation take that into consideration or have any estimate with respect to the local mental health centers.

Dr. Rapp said the financing plan, the kinds of money we would be talking about going to mental health centers in order to meet the responsibilities under this mandate, those figures have been worked out with the mental health association. He said he thought the financing plan is a responsible one.

Dr. Rapp said we are not talking about major bucks.

Staff Furse said you are referring to new state money with respect for the local.

Dr. Rapp said yes. There is a new requirement and some additional money will be needed to off-set that kind of service. This will allow federal participation that we can't accrue under the present services.

The Chairman said the subject that was addressed is on page 4. My local county commissioners would submit a budget for mental health. And, in turn, the commissioners would have to send this budget that would have to be approved by the Secretary of SRS. In other words, what I'm saying, is my property in Barton and Russell Counties have had it. And here, the commissioners in my area would try to hold the mill levy for mental health, but it has to be approved by the state. Do you feel this is right?

Dr. Rapp said no. He said he would pass on that because he didn't feel he knew enough about it to discuss it.

Senator Reilly asked if Dr. Rapp envisioned additional facilities that are going to handle referrals. Is this envisioned?

Dr. Rapp said personally he hoped not. There are resources out in most of the communities that can be used. If you are talking about emergency beds for example, there are ways in which this can be provided. This can be done without building new facilities.

Senator Reilly said but it is true we are going to need some more beds to hold these folks prior to their being assessment sent in.

Dr. Rapp said yes, there has to be some place.

Senator Reilly said and it can't be the county jail.

Dr. Rapp agreed. There are rural areas in Kansas that have hospitals that are having trouble keeping their beds full, this would help them. SWAT teams will stay, under certain circumstances, with a person that needs professional care.

Senator Hayden asked if each one of these catchment areas has to have a SWAT team.

Dr. Rapp said no. What he was suggesting was what areas have used to prevent hospitalization, is treatment teams.

The Chairman called opponent, Dr. Rick Terrill. He said he opposed H.B. 2586 because this bill is not mental health reform, but a continuation of the existing form of mental health in which you have state psychiatric hospitals that are your responsibilities and you have community mental health centers that are the responsibilities of yourselves as well as the counties. The second objection was the bill reduces a number of inpatient mental health services. The third objection is there is excessive attention to screening. The fourth objection is the state is taking on added tasks, many of which would otherwise be conducted by private psychologist for free. The fifth objection is the system represents a burden for the patient and the judiciary. The sixth objection is the semantics for the definition of Qualified Mental Health Practitioners. The seventh objection is the private practitioner is not allowed to make recommendations to the courts regarding whether a patient should be psychiatrically hospitalized. The eighth objection is the bill creates

a large bureaucracy. The ninth objection is that SRS is requesting increased funding which simply does not exist. The ten objection is there may have been funding promises here which have been unrealistic. (Attachment 3)

Senator Hayden said that you don't have a motive to sent a patient to a psychiatric hospital. Do you have a motive to keep them?

Dr. Tirrell said yes.

Senator Hayden asked if there was a utilization review committee.

Dr. Tirrell said only occasionally through certain insurance polices. Certain insurance policies will review us. But there is no other parenting body. There this bill, those insurance policies usually reflect patients who don't end up in a psychiatric hospital.

Senator Hayden said it's because of their wealth.

Dr. Tirrell said yes and other hospitals will take them.

Staff Correll asked if his community had inpatient psychiatric services within community hospitals.

Dr. Tirrell said yes.

Staff Correll asked if the community mental health center contract with those facilities for in-patient care.

Dr. Tirrell said the community mental health center essentially dominates the facilities in our community hospital. Essentially those are the patients that go there. In our community mental health center, when a patient is hospitalized, a psychiatrist that works there part time, he come in to help them with their cases to prescribe medicine. When a patient is hospitalized, they are usually referred to his private practice.

Senator Kanan asked if Dr. Tirrell would object to a second opinion.

Dr. Tirrell said no.

The Chairman called the next opponent, John Peterson. Mr. Peterson said he was presenting a balloon which represents what the Kansas Psychological Association and the Kansas Association of Professional Psychologists would agree to.(Attachment 4)

The Chairman instructed Mr. Peterson to be at the next meeting of the Committee, to convene at the finish of the Senate Session today in Room 522S. The Committee adjourned at 11:03a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 3/28/90

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Penny Sue Johnson 7611 W. 66 Terr OP, Ks 66202	The Ks Coalition, Inc.
Sonya Sprouse	SRS / MH
Lisa Getz	ST. FRANCIS REGIONAL MEDICAL CENTER - WICHITA
Frederick J. Tirrell, PhD	Tirrell & Associates - Leavenworth Ks
Dorothy Conaway 1300 NW Daisy Dr, Topeka, Ks	None
Jeffery L. Neil	Self-Help Res. & Dev.
Lynda Hartman 801 S. Hanover #635 Olathe, Ks	Self-Help Resource & Development Inc.
JoAnna Unruh Lenexa, Ks	Kans MH Planning Council
Ron Smith Topeka	KS BAR Assoc
David R. Morris O.P., Ks.	Kansas Trial Lawyers Assoc.
Mike Wosmek Topeka	DOB
Terry Larson Topeka	Ks. Alliance for the Mentally Ill
Lori Class Topeka	Kansas Mental Health Assn.
Pat Johnson	Kansas Board of Nursing
Patrick Hoerley Topeka	Mental Health Cncl.
Paul M. Klotz Topeka	Assoc of CMHC's of Ks, Inc.
Bill Dean O.P.	Peterson - Associates
Robert Harder	Mental Health Consortium
Larry Meikel	Mental Health Consortium, Inc.

Please continue on next page.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-28-90

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Mani Lee Topeka	SRS/MHRS
R.G. Frey "	KTLA
Al Nemec Topeka	SRS/MHRS
[illegible] Galichan Topeka	[illegible] Disability Concerns
Mike [illegible] "	"
Richard Morrissey	KDHE
Kevin R. [illegible] "	[illegible] on Publication for Kansas
Brian W. Blake Shawnee Mission "	Self
Elka Marie Bosgrove Merriam KS	self
Anne Smith Topeka	Ks. Assoc. of Counties
John Petersen	Ks Assn. of Professional Psych.
Theresa Shively	[illegible]
Mary C. Hallman	SRS/DMP
Marjorie [illegible]	SELF

Senator Roy Ehrlich, Chairman
Senate Committee on Public Health and Welfare

March 28, 1990

Members of the Committee: Senator Langworthy, Vice-Chair, Senators Aneerson, Burke, Hayden, Kanan, Reilly, Salisbury, Strick, Vidrickson, Walker

Re: HB 2586

My name is Lori Class, Legislative Liaison for the Mental Health Association in Kansas. The Kansas Mental Health Association is an affiliate of the National Association, an advocacy agency sponsoring education and research in the field of mental health.

The Kansas Mental Health Association supports HB 2586 in the belief that it contains highly desireable elements heretofore lacking in the State's mental health system. Chief among these is a lack of treatment alternatives for patients, especially when hospitalization is not the treatment of choice. When a less restrictive facility is preferred, such a facility is often not available. If properly funded, communities could provide a sufficient number of optional care facilities across the state wherever needed.

A second lack is allocation of an agency to coordinate referrals between the courts, psychiatric personnel, and institutions. The Mental Health Center would seem to be the most appropriate agency for serving in this role.

Thirdly, there has been a lack of representation on mental health governing boards and advisory councils of consumers and families of consumers. HB 2586 incorporates this concept both in membership on the proposed Governor's Planning Council and the boards of the Mental Health Centers as well.

Lastly, lack of treatment arrangements for children having psychiatric difficulties has been a serious omission in the Kansas mental health system. While HB 2586 is not the perfect bill in its plans to augment children's services, it does include children in its targeted populations, which is an advance over the federal mandate, and it proposes at least the possibility of a childrens treatment project.

HB 2586 is a complicated bill representing hours of legislative time and effort. In view of its complexity, and the urgency for mental health reforms to be addressed, the Kansas Mental Health Association earnestly requests your favorable consideration.

Thank you.

Lori Class

Lori Class
Licensed Specialist Clinical Social Worker
Legislative Liaison
Mental Health Association in Kansas

SPH+W
Attachment 1
3/28/90

Charlie Rapp, Ph.D.
Professor, School of Social Welfare
Kansas University
Lawrence, Kansas
March 28, 1990
AM testimony

Senator Ehrlich, members of the Public Health & Welfare Committee, thank you for your time.

Our journey that began 2 1/2 years age is near our destination. Your individual vote in support of this bill will place us a step closer to returning Kansas to the forefront of mental health which we held just 30 years ago.

More specifically, your vote will:

1. Allow Kansas to come into compliance with P.L. 99-660 which requires a community-based system of care for all Kansans suffering from major mental illness and not institutional care for a few.
2. It creates a single system of care, not

   one system for the state hospitals

   one system for ICF-MH's

   one system for community services

   one system for psychiatrists, psychiatrics and licensed social workers offering no control, therefore, not accountability. These clinicians not already in the community mental health system can contract with CMHC, or establish other types of networking or extended team relationships. The system now is one where no one is in charge, goals

SP&W
Attachment 2
3/28/90

and policies are conflicting, competition is frequent, and the failures are easily blamed on other systems.

3. It creates a new partnership between state and local officials and providers - with clear delineation of roles and responsibilities and focused on the same goals for the same target populations - it will allow each of your districts to receive additional state federal dollars to meet their responsibilities.

4. It establishes a rational mental health financing policy which

   a. begins to shift dollars from institutional care to community care with an emphasis on independent housing, jobs, friends and other support.

   b. reduces the need for increasing amounts of public funds going to state hospitals just to meet accreditation - Not to serve more clients or even to serve them better but just to <u>stay even</u>. This bill will require modest new funding phased in over several years but that money creates <u>new</u> services for <u>more</u> clients.

   c. allows the state to shift some of funding responsibility from the state to the federal government because hospital and ICF-MH services are virtually 100% funded by state dollars

where community care is often eligible for federal financial participation.

5. It provides a vehicle for clients and their families to have direct input into the critical decisions which often determine the quality of their lives.

This bill will put into effect the most significant changes in the mental health system in Kansas in the last 10 - 20 years. During the last 2 1/2 years, thousands of people have been involved in discussions concerning mental health reform: state and local officials, families, consumer, mental health employers, legislative university faculty and students, journalists, law enforcement, physicians, business people, professional associations, and outside consultants.

That 2 1/2 years worth of concern and work has brought us to today. You have in front of you a solid piece of legislation, an intelligent public policy. There is virtual consensus among all of the key constituent groups in support of this bill.

I urge you to cast your vote in favor of the bill and get Kansas and its people back on the road to excellence which they deserve.

Thank you.

Professional Association

F. J. Tirrell, Ph.D.

3515 S. Fourth Street, Suite 101
Leavenworth, Kansas 66048

A MULTI-SPECIALTY
MENTAL HEALTH PRACTICE

(913) 651-8415

VALERIE LICHTOR, L.M.S.W.
CHERI SCHWINN, L.S.C.S.W.
NICHOLAS C. NOLL, Ph.D.
GLENN D. WALTERS, Ph.D.
FREDERICK J. TIRRELL, Ph.D.

March 26, 1990

Roy Ehrlich, Chairman
Public Health and Welfare Committee
Kansas Senate
Topeka, Kansas 66612

Re: H B 2586: Mental Health
Reform Act

Dear Senator Ehrlich:

Please allow me to express some of my concerns about the Mental Health Reform Act (H B 2586) which is before your committee at this time. I am strongly opposed to the entire nature of the Bill, it's obvious lack of funding, and the fact that it creates an ever expanding bureaucracy which will be a burden to the State of Kansas. Specifically, my concerns are:

1. This Bill is not in fact a mental health reform, it is continuation and an extension of the existing form of mental health services that this state provides. This includes state psychiatric hospitals and local mental health centers, all of which are dependent on the State of Kansas and local counties for funding. Little or no effort is placed in this bill toward privatization of services, nor toward engaging private psychologists and psychiatrists to meet these needs rather than turning to the state to pay.

2. A strong objection here is that the Bill calls for reducing a number of inpatient mental health services. The Bill clearly calls for closing wings at Topeka State, Osawatomie, and Larned State Hospitals (page 9, lines 13-36). It is my perception that this is a specious solution. Government agencies have tried before many times to cut costs, hoping that a reduced availability will lead to a reduced need. The need for inpatient mental health beds will only reduce when psychiatry discovers new medicines that would allow outpatient treatment of those patients who currently are dependent on hospitalization. Closing the beds is a temporary solution. You can not mandate human nature. At some point this will be discovered, and this Bill will have both created an extensive and expensive outpatient

SP H+W
Attachment 3
3/29/90

mental health system which is a financial burden to the entire state, and subsequently those inpatient beds will be reopened, having produced a net effect of increasing costs for the state.

3. There is excessive attention to screening (page 2, line 27). In fact there is an amendment, I believe, which requests $ 727,443, for screening and other services. Simply screening these patients is ordinarily a rather minimal job. Patients who are so psychotic as to require a court order, etc., are easily detectable, and do not require extensive involvement in order to be screened. Regarding screening, there seems also to be a belief that private psychologist and psychiatrists would send patients to the state hospitals more frequently than would the mental health centers. This simply is not true. There is no financial insensitive for any private practitioner to refer a patient away to a hospital, especially a hospital where that practitioner does not treat the patient.

4. In this Bill the state is taking on added tasks, many of which would otherwise conducted by private psychologist for free, or at the patient's own expense. Under this Bill no patient shall be allowed to be committed to a state psychiatric hospital unless seen for an evaluation at a community mental health center. This represents a truly unnecessary expense, and is a way of funneling patients into mental health centers who are currently being treated out of mental health centers. This places an excessive burden on tax payers, when a good deal of those patients are not being treated at all at mental health centers, currently.

5. This system represents a burden for the patient and the judiciary. Regarding the patient, a person who is currently being seen by a private psychologist, or who selects a private psychologist would receive an evaluation, as all patients do. If inpatient care at a state psychiatric hospital is necessary, there is often little time to waste. Under this system this patient would then need to receive another evaluation at a mental health center, thus delaying the hospitalization, and causing the state and counties to incur unnecessary expenses for a double evaluation. Understandably, the state calls this a gate keeping mechanism. I feel quite sure that private psychologists do not excessively refer patients to state psychiatric hospitals, and have no motive to do so. Regarding the judiciary, this entire Bill directs and instructs the judiciary, there-by limiting the judge's discretion of how to handle a particular patient's case. This is certainly a role reversal, since the judiciary is designed in order to be a free thinking body which should handle each case that comes before it in an individual manner.

6. This Bill defines Qualified Mental Health Practitioners (page 15, line 11) as any practitioner that works in a mental health center. I clearly object to the semantics here. This is a very serious piece of legislation which implies that those who are not a part of the mental health center system are not qualified. Elsewhere the Bill states that only these so called qualified mental health professional shall provide recommendations to the court regarding disposition of patients (page 21, lines 1 and 2).

7. According to this Bill a Ph.D. private practitioner is not allowed to make recommendations to the courts regarding whether a patient should be psychiatrically hospitalized at Topeka, Osawatomie, or Larned State Psychiatric Hospitals. The Bill requires that private practitioners must be second guessed by masters level (and perhaps lower) trained practitioners, some of whom do not have credentials to practice independently. The Kansas Behavioral Science Regulatory Board is very proud of the strong requirements it applies to who can practice psychology in this state. The thought that lesser trained individuals can render an overpowering second opinion to qualified private practitioners is counter to the many years of efforts that this board has provided. In addition, as mentioned above, it creates an unnecessary task and an excessive financial burden for the state as well as counties, by requiring that community mental health centers re-do some evaluations.

8. This Bill creates a large bureaucracy. This state already has several financial burdens. Some of these are joyous burdens such as the state universities, KU Medical Center and the community colleges. These institutions are and will be for all time a part of the financial challenge to running this state. This Bill creates a new financial challenge and a new bureaucracy, by expanding mental health centers into areas that are already provided by private practitioners, and by ignoring future contributions that private practitioners could make. Basically the Bill places all of the responsibility for mental health in all spheres on the mental health centers, and demands an additional $ 14,000,000 for the operation of those mental health centers. Please note page 37, line 2 that the Bill requests $ 3.27 multiplied by the number of residents in each mental health center's catchment area as at least part of this funding. Once this bureaucracy is established extremely difficult to back track.

9. To fund this Bill SRS is requesting increased funding which simply does not exist. SRS has been in the newspapers, and I am sure on the mind of every legislator throughout this section. It simply can not meet the obligations that it has now. Without a doubt the financing for all of this will be passed on to the county commissioners, who simply will be unable to face their constituents and tell them that new mill levys may be applied to support a system which they had little voice in creating (see attached newspaper article).

10. There may have been funding promises here which have been unrealistic. It is rumored that although Osawatomie State Hospital would be requested to cut 90 beds that SRS would also maintain the budget for Osawatomie State Hospital next year. This naive, because the legislature will notice the decrease in utilization at that hospital and reduce the funding. Osawatomie closed 13 beds this year, and is very proud of this. However, these were beds that were chronically vacant anyway. As mentioned above, this will eventually cause a severe funding crunch when sometime in the future it will be discovered that the legislature was unable to mandate human nature, and the 90 beds intended to be cut at Osawatomie are filled again with chronic patients.

I hope that my comments are helpful, if I can be of further assistance, please write or call at any time.

Respectfully submitted,

Frederick J. Tirrell PhD

Frederick J. Tirrell, Ph.D.

Offices:
3515 S. 4th Street Trafficway
Leavenworth, Kansas 66048

9201 Parallel Parkway
Kansas City, Kansas 66112

10999 Metcalf, Suite 213
Overland Park, Kansas 66210

Home Address:
300 Bridal Dale Circle
Lenexa, Kansas 66220

FJT:el
cc:File

3-5

County officials oppose mental health bill

Leavenworth County commissioners are urging Sen. Edward F. Reilly Jr. to work against passage of the Mental Health Reform Act passed last week by the House.

In a letter to Reilly dated March 19, Board of Leavenworth County Commissioners Chairman John Junk and Commisioner Kevin Reardon said as they understood the provisions of the bill, "they provide for another costly mandated service, in this instance the shifting of primary mental health treatment to local agencies, to be provided by the county out of local tax monies."

Rep. Clyde Graeber, R-Leavenworth, and Rep. Al Ramirez, R-Bonner Springs, said they voted against the bill because it provides still another state mandate with no source by funding by which local governments can enact it.

> "This kind of legislation, which requires us without a vote of the people to provide social services, but without giving us the money to pay for them, is just another example of legislative irresponsibility."
>
> ***– Letter from county commissioners***

The bill begins the process of closing down beds in state mental hospitals and turns over much of the responsibility for patient care to local mental health centers, with the agencies required to provide numerous additional services.

The Leavenworth County commissioners criticized the bill for the same reasons articulated by the area lawmakers.

"This kind of legislation, which requires us without a vote of the people to provide social services, but without giving us the money to pay for them, is just another example of legislative irresponsibility," the commissioners wrote.

"If the Legislature wants to issue another mandate to local governments for social services, then the Legislature should provide us the money to fund such mandated services or it should allow the issue of such mandated services to be put to the people for a vote," they added.

The county commissioners argued that measures passed by the Legislature already require Leavenworth County real property to bear 85 percent or more of the county's tax burden. They contend this has created a hardship in this county, since about 50 percent of such property is exempt from taxation.

The commissioners concluded: "Another mandated social expense to be added to Leavenworth County real property taxes without a vote of the people will be adding insult to injury.

"The people are sick and tired of having to pay for social service experiments without having a chance to vote their yes or no on same."

[As Amended by House Committee of the Whole]

Session of 1990

Substitute for HOUSE BILL No. 2586

By Committee on Appropriations

3-7

AN ACT concerning community mental health services; providing for assessments of need and the adoption of plans to provide such services; prescribing certain powers, duties and functions in relation thereto; establishing the governor's mental health services planning council; amending K.S.A. 19-4002, 19-4002a, 19-4002b, 59-2905, 65-211 and 65-213 and K.S.A. 1989 Supp. 59-2901, 59-2902, 59-2907, 59-2908, 59-2909, 59-2912, 59-2914, 59-2914a, 59-2916, 59-2917, 59-2918, 59-2918a, 59-2924, 65-4434 and 65-5603 and repealing the existing sections; also repealing K.S.A. 75-3302d and 75-3302e.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. Sections 1 through 11 and amendments thereto shall be known and may be cited as the mental health reform act.

New Sec. 2. As used in sections 1 through 11 and amendments thereto:

(a) "Targeted population" means the population group designated by rules and regulations of the secretary as most in need of mental health services which are funded, in whole or in part, by state or other public funding sources, which group shall include adults with severe and persistent mental illness, severely emotionally disturbed children and adolescents, and other individuals at risk of requiring institutional care.

(b) "Community based mental health services" includes, but is not limited to, evaluation and diagnosis, case management services, mental health inpatient and outpatient services, prescription and management of psychotropic medication, prevention, education, consultation, treatment and rehabilitation services, twenty-four-hour emergency services, and any facilities required therefor, which are provided within one or more local communities in order to provide a continuum of care and support services to enable mentally ill persons, including targeted population members, to function outside of inpatient institutions to the extent of their capabilities. Community based mental health services also include assistance in securing em-

SPRS
Attachment 4
3/28/90

Proposed amendments:

Kansas Psychological Association

and the

Kansas Association of Professional Psychologists

March 26, 1990

organized pursuant to the provisions of K.S.A. 65-211 through 65-215, and amendments thereto, and licensed in accordance with the provisions of K.S.A. 75-3307b and amendments thereto.

(u) "Participating mental health center" means a mental health center which has entered into a contract with the secretary of social and rehabilitation services to provide court ordered evaluation and treatment services pursuant to the treatment act for mentally ill persons.

or other treatment facility

(v) "State psychiatric hospital" means Larned state hospital, Osawatomie state hospital, Rainbow mental health facility and Topeka state hospital.

(w) "Qualified mental health professional" means (1) a physician or psychologist who is employed by a participating mental health center or who is providing services as a physician or psychologist, respectively, under a contract with a participating mental health center, or (2) a registered masters level psychologist or a licensed specialist clinical social worker or licensed master social worker who is employed by a participating mental health center and who is acting under the supervision of a physician.

or who is currently treating or evaluating the voluntary or proposed patient

or psychologist

(x) "Registered masters level psychologist" means a person registered as a registered masters level psychologist by the behavioral sciences regulatory board under K.S.A. 1989 Supp. 74-5361 through 74-5373 and amendments thereto.

(y) "Licensed specialist clinical social worker" means a person licensed in the clinical social work practice specialty by the behavioral sciences regulatory board under K.S.A. 1989 Supp. 65-6301 through 65-6318 and amendments thereto.

(z) "Licensed master social worker" means a person licensed as a master social worker by the behavioral sciences regulatory board under K.S.A. 1989 Supp. 65-6301 through 65-6318 and amendments thereto.

(aa) "Secretary" means the secretary of social and rehabilitation services.

(bb) "Osawatomie state hospital catchment area" means the area composed of the following counties: Allen, Anderson, Atchison, Bourbon, Butler, Chautauqua, Cherokee, Cowley, Crawford, Elk, Franklin, Jefferson, Johnson, Labette, Leavenworth, Linn, Miami, Montgomery, Neosho, Wilson, Woodson and Wyandotte.

(cc) "Topeka state hospital catchment area" means the area composed of the following counties: Brown, Chase, Clay, Cloud, Coffey, Dickinson, Doniphan, Douglas, Ellsworth, Geary, Greenwood, Harvey, Jackson, Jewell, Lincoln, Lyon, Marion, Marshall, McPherson, Mitchell, Morris, Nemaha, Osage, Ottawa, Pottawatomie,

with or convicted of a criminal offense.

New Sec. 29. On and after January 1, 1991, each state psychiatric hospital, which is located in a catchment area in which there are located one or more participating mental health centers, and the officers and employees of such state psychiatric hospital, and each participating mental health center and the officers and employees thereof, except for gross or wanton negligence, shall be immune from all civil liability arising out of a decision refusing admission of a person to, or discharging or conditionally releasing a person from any treatment facility, or providing treatment for a patient pursuant to an order for outpatient treatment, which occurs on or after January 1, 1991. Under no circumstances shall any officer or employee of a state psychiatric hospital, which is located in a catchment area in which there are located one or more participating mental health centers, or a participating mental health center performing actions on or after January 1, 1991, pursuant to the treatment act for mentally ill persons have a duty to, or be liable for failure to notify, advise or warn anyone on or after January 1, 1991, concerning the non-admission, transfer or removal of restrictions on or discharge of any person absent a showing of gross or wanton negligence.

hospitals licensed under K.S.A. 65-425 or 75-3307b, physicians, psychologists

hospitals licensed under K.S.A. 65-425 or 75-3307b, physicians, psychologists

New Sec. 30. (a) On and after January 1, 1991, and subject to the provisions of subsection (c), no patient shall be admitted to a state psychiatric hospital pursuant to any of the provisions of the treatment act for mentally ill persons, including any court-ordered admissions, if the secretary has notified the supreme court of the state of Kansas and each district court, which has jurisdiction over all or part of the area served by the state psychiatric hospital, that the required program of the state psychiatric hospital has reached capacity and no more patients may be admitted. Following notification that a state psychiatric hospital program has reached its capacity and no more patients may be admitted, any district court, which has jurisdiction over all or part of the area served by such state psychiatric hospital, and any participating mental health center, which serves all or part of the same area, may request that patients be placed on a waiting list maintained by the state psychiatric hospital.

(b) In each such case, as each vacancy at the state psychiatric hospital occurs, the district court and participating mental health center shall be notified, in the order of their previous requests for placing a patient on the waiting list, that a patient may be admitted to the state psychiatric hospital. As soon as the state psychiatric hospital is able to admit patients on a regular basis to a program for which notice has been given under this section, the superin-