



Testimony to the House Committee on Federal and State Affairs on HB 2146

February 14, 2025

Chair Kessler and members of the Committee, my name is Patrick Schmitz. I am the President and Chief Executive Officer for the Bert Nash Community Mental Health Center, Inc. In July of this year, our agency will celebrate its 75th year of service to the citizens of Douglas County, Kansas. In October of 2023, we became the first CMHC to earn full designation as a Certified Community Behavioral Health Clinic. As such, we are a comprehensive CMHC/CCBHC with services that span traditional therapy, psychiatry, case management, community-based supports, employment development and support, intensive outpatient, and some uncommon services including a forensic team at our county jail, homeless outreach and housing supports, and transitional housing, to name a few. In recent years, we have expanded our services to include Assertive Community Treatment, medication-assisted treatment, and a mobile response team in partnership with our local 988 call center.

Notably, as to my testimony today, we are honored to be the operator of the Treatment & Recovery Center of Douglas County (TRC), which was specifically designed to be the first Crisis Intervention Center as envisioned in the Crisis Intervention Center Act legislation passed by the Legislature in 2017. The TRC has three levels of care available 24 hours a day, 7 days a week, 365 days a year. The first level is the Urgent Care Unit, operates as a behavioral health urgent care clinic, accessible across all ages for those experiencing a mental health or substance use crisis.

The next two levels of care, available to those 18 years of age and older, are the 23-Hour Observation and the 72-Hour Stabilization Units. These two units give us the additional gift of time as we work with our community members during the early stages of their behavioral health crisis. With 98% of all individuals treated at the TRC returned to the community following their episode of care, the TRC is critical in our ability to achieve a reduced reliance on the local hospital's emergency department behavioral health unit, state and private psychiatric hospital programs, and our local jail.

Reducing Demand on State Mental Health Hospitals

The impact of the TRC has been profound in reducing the burden on the state's mental health hospitals. Traditionally, individuals in acute behavioral health crises were either placed in emergency rooms—where they often waited for days for psychiatric placement—or were transferred to one of the two state mental health hospitals, Osawatomie State Hospital and Larned State Hospital, both of which have long struggled with capacity issues.

Since its opening 20 months ago, in April of 2023, the TRC has provided 5,544 Crisis Care Episodes through December 2024, averaging 190 per month, with a 100% acceptance rate. Our partnership with law enforcement continues to be a key component, with an average law enforcement drop-off time of just 7 minutes. The average length of stay at the TRC is 43 hours and 17 minutes, ensuring that individuals in crisis receive the appropriate care and support they need without requiring hospitalization.

Notably, 91% of clients initially held involuntarily converted to voluntary status during their stay and successfully completed their treatment at the TRC. This means that individuals who may have otherwise required admission to a state hospital instead received the necessary stabilization within their own community, avoiding unnecessary hospitalization and freeing up critical bed space for those with the most severe needs.

By keeping individuals out of state hospitals whenever possible, the TRC has:

- Reduced wait times for those who do require admission to state hospitals.
- Kept people in their home communities, allowing them to receive care with familiar supports rather than being transferred hours away from their families.
- Relieved pressure on local hospitals by diverting behavioral health patients from emergency rooms.
- Helped law enforcement focus on public safety rather than lengthy psychiatric holds and transport duties.

Support for House Bill 2146

House Bill 2146 strengthens access to crisis behavioral health care across Kansas by ensuring that Crisis Intervention Centers (CICs) like the TRC have the necessary funding and regulatory framework to operate effectively. The provisions of this bill:

- Expand sustainable funding sources for CICs, including continued support from the CIC Lottery Vending Machine revenue—a crucial source of funding that currently accounts for 28% of the TRC’s 2024 budget and ensures access for uninsured and underinsured individuals.
- Enhance regional accessibility by providing resources to establish additional CICs across Kansas, reducing the burden on local emergency rooms and jails.
- Support law enforcement partnerships by maintaining the ability for immediate drop-offs and minimizing time officers spend waiting for individuals to be admitted to crisis care facilities.

These provisions will allow CICs like the TRC to continue providing high-quality, immediate crisis intervention services to those in need, regardless of their insurance status or ability to pay.

A Story of Impact

I’d like to share one of the many success stories that have come from the TRC. This one involves our strong collaboration with Heartland RADAC’s Intensive Case Coordination program. They

were trying to support an individual with a long history of severe alcoholism. Due to this individual's identity, they had access to some additional resources available to them, including out-of-state treatment. However, accessing this care was elusive due to their condition and inability to maintain the necessary sobriety. We were able to admit them to the TRC and began the process of sobering while coordinating admission to a program out of state. Because of the gap in time to be admitted to this longer-term treatment, we kept them at the TRC an extra three days to ensure that they were able to maintain sobriety prior to their residential treatment. The TRC team, along with Heartland RADAC, coordinated transportation for the individual to Topeka to get picked up by the residential facility's transportation service. This client had been waiting for months to get into a facility, and with coordination and collaboration of our partners, we were able to get them safely detoxed, stabilized, and they successfully completed their treatment at this out of state facility.

Conclusion

House Bill 2146 represents a significant opportunity to enhance mental health support across Kansas by ensuring that Crisis Intervention Centers like the TRC can continue providing essential crisis stabilization services. This bill provides sustainable funding, and expands crisis care resources statewide—all of which are critical to improving behavioral health outcomes and reducing reliance on emergency rooms and jails.

Additionally, the TRC, as supported by the Lottery Vending Machine revenue, has demonstrated its ability to relieve pressure on the state mental health hospital system by stabilizing individuals locally, reducing the need for inpatient psychiatric hospitalization. This allows state hospitals to prioritize care for those who need it most while ensuring community-based treatment remains accessible.

As the CEO of the Bert Nash Center, I wholeheartedly endorse House Bill 2146 and urge you to support its passage for the betterment of our communities.

Thank you for the opportunity to provide testimony, and I will stand for questions at the appropriate time.