



Testimony to Senate Public Health and Welfare on Senate Bill 477

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Mister Chairman and members of the Committee, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association appreciates the opportunity to testify in support of Senate Bill 477.

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. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. 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 serving over 127,000 Kansans.

The Association is supportive of Senate Bill 477. We feel that establishment of the Joint Committee on State Psychiatric Oversight is a common sense idea to ensure that all Kansans receive quality mental health services at our State Mental Health Hospitals (SMHHs). Along with the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight which focuses on Medicaid patients, this newly formed committee will give added oversight to individuals with mental illness at an additional point in the continuum of care.

There is a longstanding partnership between the SMHHs and CMHCs. Each CMHC designates a liaison to their respective SMHH. Liaisons work with hospital staff to coordinate services upon discharge. This coordination helps to reduce the length of stays by ensuring that community based services are available. In addition, CMHCs are required to plan for and implement mechanisms to deal with emergency service needs. Throughout Kansas, CMHCs work to quickly respond to mental health emergencies by stabilizing crisis situations and providing follow-up services. Because CMHCs function as an outpatient safety net resource for large numbers of persons with the most severe forms of mental illness, it is vitally important that we, in turn, have access to inpatient safety net resources for those individuals whose illness simply cannot be managed in a community setting, and who have no resource to pay for private care. For those patients, the SMHH is the inpatient safety net. With the reduction in private psychiatric beds available in the community from 488 beds in 2002 to 324 in 2013 and a moratorium in place on voluntary SMHH admissions since June 21, 2015, the operations of our SMHHs and the available bed capacity are a critical priority for our state's health care system.

Oversight and study groups like the one proposed in Senate Bill 477 are not unprecedented for SMHHs. In fact the most recent group, The Kansas Facilities Closure and Realignment Commission made a key recommendation in their report regarding Rainbow Mental Health Facility (RMHF) in Kansas City to then Governor Parkinson in November 2009. The Commission recommended that, "Rainbow will remain open and SRS will pursue public/private partnerships with community hospitals, with an integrated health model, inclusive of community mental health centers and moving toward downsizing state hospitals..." This recommendation was reviewed and given additional study and led to the eventual closure of RMHF and an eventual program with Rainbow Services Incorporated (RSI)

which has been a successful public/private partnership since its inception in 2014. Although the bulk of the Commission's work was related to facilities for persons with intellectual and developmental disabilities, we believe our system benefited from the thoughtful consideration and deliberation by the Commission members, stakeholders, and the State.

The Association appreciates this Committee's consideration for establishing what could be a very important study group, and we urge your support of Senate Bill 477. Thank you for the opportunity to provide testimony.