

Kansas Senate Judiciary Committee

Testimony in Support of House Bill 2240
March 22, 2017

INTRODUCTION

House Bill 2240 would authorize a new type of community behavioral health facility called a Crisis Intervention Center (CIC). A CIC would be authorized to accept persons who are experiencing a mental health, substance use, or combination (co-occurring) crisis for evaluation and stabilization.

The CIC would be able to accept both voluntary and involuntary patients. Emergency evaluation and stabilization for involuntary care could not exceed 72 hours without patient consent or a court order. Many states allow at least 72 hours for emergency care before a court order is necessary.

No public or private entity would be required to create a CIC. Therefore, those cities and counties which did not have a CIC would continue using existing resources under current law. Current law allows emergency admission to a state hospital or other treatment facility for a period of time no longer than close of the first full day that a court is open for the transaction of business (usually 24 hours or less except on weekends and holidays).

DISCUSSION

The creation of a CIC would provide an intermediate resource between a community mental health center and a state psychiatric hospital for the inpatient evaluation and stabilization of a person in crisis. Moreover, this service could be provided without the need for a person to leave the community. The ability to maintain observation and communication with a person in crisis for 72 hours should mean that some patients might never have to undergo the additional trauma of a commitment hearing or admission to a state hospital.

Mental health and substance use professionals in Kansas believe that 72 hours is enough time to stabilize many individuals, determine what caused their crisis, and refer them for treatment in the most appropriate setting. However, the same professionals believe that 48 hours or less is not enough time for stabilization and accurate evaluations to occur. This means that some unnecessary *court actions* and *emergency admissions to state hospitals* are unavoidable under current law.

Not only might persons in crisis be able to avoid court involvement and state hospital admissions by having a CIC, but they would also be closer to family and friends if their initial evaluation was conducted in the community. CICs will incorporate specialized behavioral health professionals and certified peer support to better insure that evaluations occur more quickly than is the case under current law. Moreover, individuals would experience reduced trauma during the stabilization process if court proceedings and state hospital admissions were never needed.

MENTAL HEALTH REFORM IN KANSAS

Modern mental health reform in Kansas began in 1986 with passage of HB 2050. That bill brought comprehensive reform to the judicial aspects of civil commitment. Among many other changes, it allowed judges to use outpatient commitment orders for those individuals who were found likely to cause harm to self or others only if they failed to maintain regular contact with a qualified mental health professional in the community. Outpatient commitment was designed to allow individuals with a severe and persistent mental

illness to live in the community under conditions established by the court upon advice of mental health professionals. Outpatient commitment has been used very successfully by many judges so that individuals do not have to be hospitalized in order to receive treatment in the least restrictive setting.

Four years later, the Kansas legislature took another significant step toward allowing more treatment in the community with passage of the *Mental Health Reform Act of 1990* (Mental Health Reform Act). The Mental Health Reform Act made community mental health centers, instead of state hospitals, the entry point for the treatment of mental illness.

It has been 27 years since passage of the Mental Health Reform Act. HB 2240 would take the next significant step in furtherance of a community treatment model for behavioral health. The bill would allow for 72 hours of involuntary care in a specialized facility. Unlike the emergency department in a general hospital, CICs would be staffed by behavioral health professionals whose primary focus is diagnosing and treating mental illness and substance use disorders. They would also know where to obtain treatment for persons following stabilization and how to access those resources for their patients.

BENEFITS OF HAVING A CIC

The primary focus of HB 2240 is to improve patient care. However, it is a rare occurrence when a bill benefits many state and local agencies at the same time.

Patients and Families- Evaluation and Stabilization in a home community. Quicker assessment by specialized staff who know mental health, substance use, and community resources. Enhanced possibility of avoiding court involvement and emergency admission to a state hospital.

Law Enforcement Officers- Ability to take a person in crisis for immediate attention by specialized staff. Quicker return to patrol duties. Relief from responsibility of seeking a court order the next day.

County and Municipal Jails- Reduced possibility that a mental health or substance use crisis will begin in a jail.

Courts- Reduced likelihood that a formal judicial proceeding will occur.

State Hospitals- Reduced likelihood that an emergency or other type of involuntary admission will be necessary.

Mental Health Centers- Closer to clients who may need discharge planning and community follow-up. Fewer emergency evaluations in the field and telephone conferences with state hospital triage staff.

Peer Support Specialists- Ability to provide more consistent support for persons in crisis. Opportunity to demonstrate the value of having someone who understands what a person in crisis is experiencing. Chance to grow the peer support network so that persons with a persistent mental illness might avoid future crises.

CONCLUSION

Kansas has a long history of mental health reform which allows treatment of severe mental illness and substance use disorders in the community through its network of community mental health centers, other service providers, and outpatient treatment orders. However, it lacks an intermediate inpatient option which can accept both voluntary and involuntary patients who are experiencing a behavioral health crisis.

HB 2240 has the potential to become the most important mental health reform in a quarter century. Its passage would benefit individuals experiencing a behavioral health crisis as well as multiple agencies which support the state's public mental health and criminal justice systems.

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