



## Testimony to Senate Judiciary Committee House Bill 2240

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Mister Chairman and members of the Committee, my name is Colin Thomasset. I am the Associate Director for the Association of Community Mental Health Centers of Kansas, Inc. 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.

The Association is supportive of ways to keep individuals with mental illness out of the criminal justice system. Data illustrates just how much of an issue mental illness in the criminal justice system has become, with research from the Bureau of Justice Statistics finding that fifty percent of all prison and jail inmates have symptoms, or a recent history of mental health problems. We view this bill as a positive step towards getting persons with mental illness into treatment and, ultimately, keeping them out of the criminal justice system.

I had the good fortune to be a part of the Judicial Council advisory committee that looked at this very important issue following the 2016 Legislative Session when the first iteration of this bill was heard as House Bill 2639. I can't say enough good things about the work of the advisory committee and I believe we came away with a very strong bill.

We are supportive of the concept behind House Bill 2240. We feel that having this type of crisis intervention option available in our communities can lead to positive outcomes not only for our patients, but also for their families, in addition to our community partners. Being able to avoid an involuntary commitment and receive treatment in one's own community is the direction we should be heading in the public mental health system. Given the ongoing moratorium on admissions to Osawatimie, and the potentially unsafe conditions that may arise from psychiatric boarding of individuals in inappropriate treatment settings, we stand in strong support of being able to get people the right care, in the right place, and at the right time.

One reason we may remain cautiously optimistic about the impact of this bill is that it doesn't address funding. This will be a clear hurdle to successful implementation. Grant funding to CMHCs for serving the uninsured has been reduced by half since FY 2008. Resources vary across the State as well with CMHCs in rural areas operating on smaller budgets, with less revenue, and increasingly smaller populations with a decreasing tax base. These headwinds create a situation where implementation in rural parts of Kansas would be much more cumbersome than in urban areas.

While House Bill 2240 does not mandate adoption, the Association is skeptical that it will achieve a broad impact across the State without funding being properly addressed. Although CMHCs are not specifically named in the bill as the entities that would operate the newly formed, licensed crisis intervention centers, we know that our position in the community as the safety net provider for individuals with mental health needs most likely means that the responsibility would fall on our shoulders.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.