



Testimony to Senate Public Health and Welfare Committee on House Bill 2368

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Madame Chair and members of the Committee, my name is Mike Hammond, I am the Executive Director of the Association Community Mental Health Centers of Kansas, Inc. Thank you for the opportunity to provide testimony in support of House Bill 2368, which makes revisions to the current statutory language relating to the existing Governor's Mental Health Services Planning Council.

In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. The CMHC system is state and county funded and locally administered. In Kansas, you first must be designated by your County to serve as the CMHC to the county residents, then you must secure a license from the Kansas Department on Aging and Disability Services (KDADS), to become the publicly funded CMHC and recognized as such by the State of Kansas. Consequently, service delivery decisions are made at the community level, closest to the residents that require mental health treatment. Each CMHC has a defined and discrete geographical service area. Together, they employ over 4,500 professionals. The CMHCs provide services to Kansans of all ages with a diverse range of presenting problems. Together, this system of 27 licensed CMHCs form an integral part of the total mental health system in Kansas. 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, the CMHC system serves nearly 127,000 Kansans with mental illness.

House Bill 2368 is basically making technical revisions to update existing statute relating to the Governor's Mental Health Services Planning Council. This Council is both federally mandated through Public Law 102-321 as well as Kansas statute. Its mandated functions include:

1. Assist in the development of, review of and modifications to the State Mental Health Block Grant application to the U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA);
2. Serve as an advocate for adults with serious mental illness, children with severe emotional disturbance, and other individuals with mental illness; and
3. Monitor, review and evaluate, not less than once a year, the allocation and adequacy of mental health services within the State.

These functions pertain exclusively to the public mental health system, so I would ask that you keep that context in mind when considering the provisions of this bill and any amendments thereto. The focus should be on those receiving publicly funded behavioral health services and those providing publicly funded treatment.

Among the changes proposed in this bill include:

- Changing the name of the Council to "Governor's Behavioral Health Services Planning Council..."
- Replacing "Commissioner of Mental Health and Developmental Disabilities" with Secretary for Aging and disability Services..."
- Replacing reference to "Social and Rehabilitation Services" with "Children and Families..."
- Deleting "Alcohol and Drug Abuse Services" and "Medical Services..." underneath the Secretary for Children and Families

- Giving authority to the Secretary of KDADS to appoint representatives from substance use disorder services and medical services; behavioral health advocacy; substance use disorder prevention and treatment providers
- Replacing "mental" with "behavioral..."
- Adding consumer and family representation from the substance use field

These changes are consistent with the direction the field of behavioral health is going across the country. This is another step to further promote integration of mental health and substance abuse treatment systems. By incorporating these changes, the Governor's Behavioral Health Services Planning Council will now have the authority and composition to address behavioral health system issues rather than simply mental health system issues.

I stand before you as a consultant to HHS and SAMHSA, where for the past 15 years I have been tasked with assessing (on-site) the States and U.S. Territories ability to provide adequate behavioral health services. This includes interacting with the Planning Councils, State or Territory governments, advocacy groups and consumers and families. What this bill does is what we are seeing happen around the country as SAMHSA promotes true integration of mental health and substance abuse treatment systems into one behavioral health system.

This year, the Secretary made a bold step in combining the substance abuse treatment and prevention divisions with the mental health division which is now the Behavioral Health Division. This bill is the next logical step for planning and oversight purposes.

You may be asked to consider amendments that include representation afforded to individuals who can diagnose and provide treatment for co-occurring disorders of mental health and substance abuse disorders. The current make-up of the Council and as currently proposed in the bill would address this. In fact, CMHCs provide treatment for co-occurring disorders including mental health and substance abuse, so adding such an amendment is not necessary. You may also be asked to permit a specific appointment of a person with a dual diagnosis. That is certainly permissible with the current make-up of the Council through consumer representation.

The Association of Community Mental Health Centers of Kansas, Inc., strongly supports this bill and we urge you to act favorably on it. I thank you and the Committee for allowing me this opportunity to testify. I am happy to stand for any questions.