



Testimony to Senate Committee on Public Health and Welfare on SB 407

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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 represents all 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.

We appreciate the opportunity to appear before the Committee today in support the key provision of SB 407 which we see as reestablishing state inpatient psychiatric youth services in western Kansas. This is as appreciated by the CMHC System as it is important to the youth and families who would depend on this part of the behavioral health safety net. The two catchment areas for state mental health hospitals on the east and west sides of the state have had youth inpatient psychiatric beds available up until a few months ago. When the State decided to privatize the youth inpatient psychiatric services programs nearly ten years ago by partnering with KVC Hospitals, Inc, the model was perceived by families and providers to be extremely successful.

The legislative mental health bus tour provided an outstanding opportunity for legislators and staff to see the behavioral health needs of the system in the central and western parts of the state. The issue of youth inpatient psychiatric services was front and center as evidenced by conversations that took place during the visits in Hays.

Our Association does not know if the correct number of beds is 24 or if two separate units are necessary to serve western Kansas. We believe that our Association, the Kansas Department for Aging and Disability Services (KDADS), and potentially a designated provider could work to identify the correct number of beds and location to serve this region of the state. Additionally, we do have a concern with asking KDADS to fund this program within existing resources given the estimated cost significance of this bill.

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