



Testimony to the Senate Ways and Means Committee Senate Bill 235

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Madam Chair 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.

In 2006, legislation was passed that enacted the Personal and Family Protection Act. This legislation allowed the Kansas Attorney General the ability to issue four-year licenses for individuals to carry concealed handguns. Included in the legislation were numerous locations where carrying a concealed weapon would be restricted. Among these locations were CMHCs.

In 2013, Senate Substitute for House Bill 2052 was passed that enacted changes to the Personal and Family Protection Act that provided for a specific four-year exemption for numerous health care entities, also including CMHCs.

Senate Bill 235 would make the exemption permanent and we stand in support of this change. Without this bill, additional burdens would be placed on the three county-operated CMHCs in Crawford, Johnson and Sedgwick Counties, in addition to the CMHCs that lease or share space with public entities to implement adequate security measures.

The effects of not passing Senate Bill 235 would be increased expenses, and ultimately could interfere with our ability to provide mental health treatment to individuals in need. This would come at a time when the public mental health system is under significant strain. Since FY 2007, CMHCs have seen a reduction of 70% to our mental health reform grants, which is the source of funding used to pay for services to the uninsured and underinsured in Kansas. These cuts have reduced services to the point where CMHCs have lost the flexibility to serve patients adequately. Furthermore, CMHCs treated over 10,000 more patients last year than the previous year, so staff and facility capacity are at their maximum thresholds.

Individuals seeking treatment at a CMHC present with an array of mental health issues, and the problem that could arise revolves around how we would handle treatment for such individuals when they are carrying a concealed weapon. By statute, the CMHCs must treat every person who walks through the door, so if an individual who is in crisis walks through our door carrying a concealed weapon, that situation presents a dangerous scenario not only to our staff, but also for other patients seeking treatment. Would a CMHC even have the legal authority to require the removal of the weapon prior to treatment?

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