



## Testimony to House Judiciary on House Bill 2697

222 SW 7th, Topeka, Kansas 66603  
Telephone: 785-234-4773 / Fax: 785-234-3189  
[www.acmhck.org](http://www.acmhck.org)

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Chair Patton and members of the Committee, my name is Michelle Ponce. 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 behavioral health needs.

We appreciate the opportunity to testify on HB 2697. This bill will increase the number of providers able to provide competency evaluations and restoration services, including CMHCs. Such evaluations may be provided in safe, secure locations across the state, including jails, either in person or via telehealth.

According to data provided by the Kansas Department for Aging and Disability Services, the average wait time for an individual awaiting a competency evaluation is approximately 170 days. In January 2022, there were 179 people waiting for competency evaluation or treatment.

To remedy this issue and decrease both the number of individuals waiting and average length of wait time, the legislative Mental Health Modernization and Reform committee recommended that immediate action be taken and funding provided for community mental health centers to conduct mobile competency evaluation and competency restoration. The Governor has recommended enhanced funding of \$2.8m SGF in FY 2023 to expand the provider pool providing mobile competency and restoration services. We support these recommendations but also have some points of concern and clarification.

Our best estimate is that approximately one-third of the CMHCs currently have the capacity to provide this service. The biggest barrier is workforce. These specialized services must be provided by a qualified physician or psychologist who has the requisite training and experience. CMHCs are currently operating with an average of about a 20 percent vacancy rate (all staff) across the system, which may limit their ability to conduct mobile competency evaluation and restoration. In particular, there is a severe shortage of psychiatrists in Kansas, and recruitment for the position can frequently take

multiple years. Moving forward, we recommend that the State provide the appropriate training required for clinicians who have not previously provided these services. With additional resources and training, it is our hope that the remaining CMHCs will be able to increase capacity over the next several years to also provide these services.

Further, we want to emphasize that the language regarding “appropriate” facility and/or mental health center should be interpreted by those organizations themselves, based on their capacity to provide the service. That is, CMHCs must retain the autonomy and authority to decide if and when they are able to provide mobile competency or restoration services.

Lastly, we want to ensure that nothing within this bill can be interpreted as passing on a new or additional financial obligation to local government or providers.

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