



## Testimony to the House Committee on Federal and State Affairs on House Bill 2308

534 S. Kansas Ave, Suite 330, Topeka, Kansas 66603

Telephone: 785-234-4773 / Fax: 785-234-3189

[www.acmhck.org](http://www.acmhck.org)

March 6, 2018

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.

Our Association appreciates the opportunity to submit this written testimony in support of House Bill 2308 which would ensure that individuals seeking treatment for mental health or substance use disorders are properly screened for their suicide risk.

CMHCs across the state already perform risk assessments to determine if someone is a risk to themselves or others. Given that suicide is a very serious, complex, and emotional issue, we feel that all providers of behavioral health services should be performing similar risk assessments as well.

The statistics around suicide are of great concern for our Association. The second leading cause of death of young people for the 15-24 age group is suicide according to the *2014 Kansas Annual Summary of Vital Statistics* from the Kansas Department of Health and Environment. This number was more than the third, fourth, and fifth leading causes of death combined which were homicide, cancer, and heart disease respectively. Suicide is also the second leading cause of death for the 25-44 age group. The May 2015 *Kansas Health Statistics Report* states that the Kansas suicide rate in 2013 was 16.7 percent higher than the national average.

These statistics in addition to recent reports of suicide attempt clusters of young people in several counties, both urban and rural, around Kansas, require our system to consider this a public mental health crisis.

In terms of the language in House Bill 2308, we have a few amendments included on page two of our testimony that we believe will help clarify the intent of the bill and ensure that it will be operationalized by healthcare providers appropriately.

Lastly, we believe that training and education are important components of this bill. As such, we would recommend that along with our proposed amendments, funding be allocated for training of appropriate staff to ensure that the current knowledge is available to make this bill's cause an achievable priority.

Thank you for the opportunity to submit this written testimony.

# HOUSE BILL No. 2308

By Representative Houser

2-8

1 AN ACT concerning suicide evaluation upon admission to certain  
2 treatment of facilities.

3  
4 *Be it enacted by the Legislature of the State of Kansas:*

5 Section 1. (a) At the time of admission to a treatment facility, a  
6 patient shall be evaluated as to whether the patient is at risk to ~~commit~~  
7 suicide. The staff person conducting the evaluation shall be knowledgeable  
8 about suicide risk management. If after such evaluation the patient is  
9 found to be at risk to commit suicide, the treatment facility shall provide  
10 the level of patient monitoring and assistance as is indicated by the level of  
11 risk to the patient.

12 ~~(b) "Treatment facility" means any public or private facility or~~  
13 ~~institution providing inpatient mental health, drug or alcohol treatment or~~  
14 ~~counseling.~~

15 (c) This section shall be known and may be cited ~~as~~ Gordon's gift.

16 Sec. 2. This act shall take effect and be in force from and after its  
17 publication in the statute book.

inpatient admission

commit

(b) "Treatment facility" means:  
(1) Any private treatment facility as such term is defined in K.S.A. 59-29b46, and amendments thereto;  
(2) any public treatment facility as such term is defined in K.S.A. 59-29b46, and amendments thereto;  
(3) any community mental health center organized pursuant to the provisions of K.S.A. 19-4001 through 19-4015, and amendments thereto, and licensed pursuant to K.S.A. 2017 Supp. 39-2001 et seq., and amendments thereto;  
(4) any mental health clinic organized pursuant to the provisions of K.S.A. 65-211 through 65-215, and amendments thereto, and licensed pursuant to K.S.A. 2017 Supp. 39-2001 et seq., and amendments thereto;  
(5) any crisis intervention center as such term is defined in K.S.A. 59-29c02, and amendments thereto;  
(6) any psychiatric hospital, psychiatric residential treatment facility or residential care facility as such terms are defined in K.S.A. 2017 Supp. 39-2002, and amendments thereto;  
(7) any hospital as defined in K.S.A. 65-425, and amendments thereto, provided that the hospital has a psychiatric unit;  
(8) Osawatomie state hospital or Larned state hospital.