To: Senate Public Health and Welfare Committee

From: Kelli Ludlum, Assistant Secretary

Date: February 16, 2016

Subject: SB 446, State psychiatric hospital catchment area definitions

Interim Chairman O’Donnell and members of the Committee:

I appreciate the opportunity to present testimony in support of SB 446, legislation which would make it unnecessary to delineate catchment areas for community mental health centers in state statutes. The intent of this bill is simply to eliminate the statutory designation of each of the 105 counties to a prescribed state psychiatric hospital.

The delineation of catchment areas for state psychiatric hospitals has been in statute since the time when Kansas had four such hospitals: Topeka, Osawatomie, Kansas City (Rainbow Mental Health Facility) and Larned. Each time that a change was made to a catchment area, a statutory amendment was also required.

Since the Secretary of the Kansas Department of Aging and Disability Services has clear authority to establish catchment areas by rules and regulations pursuant to K.S.A. 39-1613, it would be more efficient for all stakeholders if the statutory assignment of every county to a specific catchment area in K.S.A. 39-1602(i) and (j) were eliminated. The counties are already listed in the Kansas Administrative Regulations at K.A.R. 30-26-1a. Amending both a regulation and a statute seems unnecessarily duplicitous.

Catchment areas are occasionally changed due to population shifts or community mental health center re-alignments. For example, a community mental health center may be asked to serve a new county by the board of county commissioners or other executive board of an existing center. Although rare, KDADS believes that any changes in catchment areas are adequately managed by the statute and administrative regulation listed in the previous paragraph.

Thank you for the Committee’s time and consideration. I would be pleased to answer any questions you may have about this bill.