NAMI Kansas
National Alliance on Mental Illness

Senate Committee on Judiciary

HB 2240

Presented by:
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NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support. NAMI Kansas provides programs of peer support and education by and for our members through a statewide network of local affiliates. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

We are in support of HB 2240 having come to terms with the trade-offs represented by this significant change in public policy. We believe that this bill will pave the way to the creation of crisis intervention centers that will prevent the escalation of behavioral health crises and avoid unnecessary incarcerations and hospitalizations of people with behavioral health disorders. However, it is critically important that the treatment centers crafted in response to this legislation represent a consistently higher standard of care than what is currently being offered in our state hospitals.

Our support for the creation of community-based treatment centers with the authority to admit individuals on an involuntary basis is contingent on three factors:

- Certified Peer Specialists must be integrated as part of the treatment teams. We are pleased to see that this provision has been included in the bill.
- Any state funding for treatment facilities created under this bill will not come from existing funding dedicated to outpatient services in our Community Mental Health Centers.
- Involuntary admission to a treatment facility created as a result of this bill will be a last resort short of taking the individual to jail or to the state hospital.

Most behavioral health crises can be stabilized in 72 hours, giving individuals a chance to receive treatment in a community setting—not in jail or a state hospital. Critical decisions about behavioral health care and treatment will be made by behavioral health professionals, not criminal justice systems. Behavioral health providers offer more efficient, effective and trauma informed stabilization services that reduce the likelihood that someone in crisis will end up incarcerated, in an emergency room, a state hospital, or in court. Individuals are kept out of a criminal justice based

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process that can further traumatize and complicate the symptoms of someone with a serious mental illness. We expect that under provisions of this bill that individuals will be treated closer to their home community, increasing the likelihood of family involvement and easing discharge planning to community-based services. Law enforcement officers will be freed to continue their usual duties once a person has been admitted to a treatment facility authorized under this bill which should be 15 minutes or less. Judicial resources would be maximized by only having involuntary commitment petitions filed for individuals who have not been stabilized in a 72-hour period.

The advent of short-term crisis stabilizations facilities in Kansas City, Topeka and Wichita has given behavioral health providers new opportunities to treat individuals in crisis. Under current statutes, successful treatment at these facilities depends on the individual's voluntary participation. Persons in crisis may leave the facility, even if just minutes after being dropped off. If they pose a danger to themselves or others, the involuntary commitment process to the state hospital must begin at that time. The provisions of this bill would provide an intermediate resolution to this dilemma, allowing mental health providers to keep someone involuntarily for up to 72 hours, decreasing the chance that a person in crisis will enter the criminal justice system.

HB 2240 would allow individuals who otherwise meet criteria for involuntary commitment to be treated in a less restrictive environment, closer to their homes, with easier access to community supports upon discharge, while reducing the number of involuntary commitments to state hospitals. Not later than 72 hours, individuals who find themselves in these treatment centers will either be discharged to the community or committed to the state hospital. Experience in Arizona with similar facilities indicates that as many as 75% of individuals held in their treatment facilities revert to voluntary status before the 72-hour period has expired.

We recognize that this is a policy change and that discussions about any state funding for these new treatment facilities will have to come later. We expect that passage of this bill will require the adoption of new licensing regulations. This bill is merely the first step in a longer process of addressing unmet needs in our mental health system.

To that end, it's essential that we place our discussion of the bill in a larger context. Enacting this bill is the right thing to do at this time and represents one of the most significant proposals for change in our system. However, even with its enactment, ongoing attention to the needs of the mental health system will be required over the long term. We have neglected our mental health treatment system for far too long. Many recommendations which have been made over the past 10 years have not received adequate attention. We are hopeful that the most recent set of recommendations from the Adult Continuum of Care Committee will not fall by the wayside.

Data in the testimony which follows documents pressing needs in the mental health system. The consequences are reflected in the crises of our state hospitals and the significant percentage of individuals with serious mental illness who are incarcerated in county jails and state prisons.

Thank you for the opportunity to address these critical issues.

Mental Health System Data

19.9 percent of adults in the U.S. are affected by mental illness and 4.8% had a serious mental illness such as schizophrenia, major depression or bipolar disorder[1]. That translates into an estimated 95,000 adults in Kansas who are affected by a serious mental illness.[2] Fewer than 40% of adults with a diagnosable mental disorder receive any mental health services in a given year. The annual cost burden on Kansans for untreated serious mental illness is estimated to be $1.17 billion.[3] More than 36% of this cost burden falls to private sector employers reflecting the loss of productivity as a result of illnesses.

Early treatment of mental illnesses reduces the extent of disability and recurrences of symptoms. 66 percent of Americans believe that treatment and support can help people with mental illnesses lead normal lives. Recovery rates with treatment and medication have been noted at 80 percent for bipolar disorder, 65-80 percent for major depression, and 60 percent for schizophrenia. Individuals living in recovery are contributing members of their community and can work and pay taxes.

Reductions in state general funds since FY 2008 place vulnerable Kansans with serious mental illnesses at immediate risk of going without treatment. Kansas' public mental health system provides services to only 15 percent of adults who live with serious mental illnesses.[4] In light of funding reductions, community mental health centers are in many cases ill-equipped to provide the robust array of services needed for persons with chronic mental illnesses.

As state general fund dollars have been removed from the system, mental health centers have been pushed to rely more on Medicaid as a payer source. This strategy further undermines the safety net and is destabilizing to the mental health centers. It is important to note that less than 40 percent of the clients being treated by the CMHCs have Medicaid as their sole source of payment.

One in five people with a serious mental illness is uninsured.[5] People with low income and no insurance are twice as likely to have a psychiatric disorder.[6] Approximately 15 percent of the uninsured have a serious mental health condition.[7] Without treatment, individuals with a serious mental illness are at an increased risk of hospitalization.[8]

The impacts of the cuts to date have translated into a reduction in the level and frequency of care being provided to the uninsured and has created delays in receiving timely treatment. Despite the availability of effective treatments, there are already long delays—sometimes decades – between the first onset of symptoms and when people seek and receive treatment.[9] We cannot afford to exacerbate these delays by not having adequate resources in place when individuals present themselves for treatment.

The consequences of an under-resourced treatment system are substantial for the health and well-being of our citizens and for the ability of other agencies, including health, law enforcement, courts, hospitals, and schools that depend on the safety net services which our mental health centers provide. To the extent that we cut corners in providing adequate funding for community-based care for mental illness, there will be more demand on state hospitals for providing treatment. Of great significance is the finding that half of admissions to the state hospitals are patients who have had no previous connection to the public mental health system. Daily costs for state hospital treatment are almost 20 times as much as community-based treatment for an individual with a chronic mental illness. Other sectors, particularly law enforcement, also bear the brunt of an under-funded mental health treatment system, especially when crisis stabilization services are limited or non-existent.

The cost of untreated mental illness continues to be shifted to law enforcement and corrections agencies. These costs are corroborated by the published data including report from the U.S. Department of Justice which indicates that 24 percent of state prisoners and 21 percent of local jail prisoners have a recent history of a mental health disorder. Approximately 2,000 adults with serious mental illnesses are incarcerated in prisons in Kansas.[10] The cost for incarceration at the Larned Correctional Mental Health Facility is almost four times as much as the cost of community-based care. We have five times as many beds for individuals with serious mental illness in jails and prisons than we do in our state hospitals.

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[1] Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings. Substance Abuse and Mental Health Services Administration. http://oas.samhsa.gov/NSDUH/2k9NSUDH/MH/2K9MHResults.pdf.
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[3] Health Care Foundation of Greater Kansas City, *The Costs of Untreated Mental Illness* (2012). http://hcfgkc.org/costs-untreated-mental-illness
[4] Aron, L.,Honberg, R., Duckworth, K., et al., *Grading the States 2009: A Report on America's Health Care System for Adults with Serious Mental Illness,* (Arlington, VA, National Alliance on Mental Illness, 2009)
[5] SAHMSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005
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[10] Sabol, W.J., West, H.C., and Cooper, M., *Prisoners in 2008,* U.S. Department of Justice, Bureau of Justice Statistics, (2009) and James, D., and Glaze, L., *Mental Health Problems of Prison and Jail Inmates,* U.S. Department of Justice, Bureau of Justice Statistics, (2006).