House Health and Human Services Committee

Written Testimony Supporting *HB 2281*

February 15, 2022

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Madam Chairwoman Brenda Landwehr and distinguished committee members, thank you for this opportunity to speak on behalf of NAMI Kansas and those we serve in support of **HB 2281: Establishing and implementing 988 as the suicide prevention and mental health crisis hotline in Kansas.**

NAMI Kansas and the Work We Do

NAMI Kansas is the statewide organization of the National Alliance on Mental Illness, providing services to Kansans for over 30 years. Its primary mission is to provide signature programs of support, advocacy, and education to individuals who are living with mental illness as well as their friends and family members through our NAMI Kansas Resource/Help Lines and signature programs consisting of peer support groups, family support groups, presentations, peer educational programs, and family educational programs. These signature programs are delivered free of cost to the consumer through local NAMI affiliates across the State of Kansas.

In FY20, NAMI Kansas and its thirteen affiliates fielded 9,063 Resource/Help Line calls for Kansans, 2,236 attended support groups, and 997 community members attended presentations about NAMI services. Our educational leaders provided 1,328 touchpoints and 236 Kansans attended an In Our Own Voice presentation led by individuals with a lived experience of mental illness. We are positioned to continue this great work through FY21 as well as introducing new NAMI signature programs to our milieu of services.

Why We Do What We Do: The Mental Health Numbers

National statistics on mental illness indicate that approximately one in five persons[i] is living with a mental illness; however, more recent data suggests that 2 in 5 Kansans are living with a mental illness condition[ii]. The Mental Health Task Force Report of 2019 indicates that 420,000 Kansans[iii] are affected by mental illness. As a result of the COVID-19 landscape, these numbers are projected to increase, and the overall mental health of Kansans will plummet.

According to Society of Actuaries, Mental Health Trends and COVID-19[iv] (April 2020), the current events and responses to COVID-19 "could lead to worsening mental health conditions." The slowdown of the economy, increase in unemployment, decrease in standards of living, reduced social interactions and engagement, decreased access to social networks, increased social isolation, increased risk of illness and disease, and ever-changing responses to how daily services are rendered (food, retail, business, etc.) will undoubtedly impact physical and mental health of Kansans across the state. As a result of this landscape of uncertainties and constant change, researchers across the spectrum of physical and mental health fields predict increases in anxiety, depression, PTSD, substance abuse, eating disorders, and suicide. As a State, as a

society, as organizations, and as a people, we must respond in unity and serve compassionately, differently, and assertively to make sure Kansans get help early, get the help they need, and get diverted from the justice systems when appropriate.

Adults in Kansas experience a myriad of barriers to accessing quality mental health care including waiting lists, transportation, and insurance/financial issues. Waiting lists and transportation barriers for inpatient care and outpatient services exist due to an insufficient number of beds, a disparity in the distribution of beds across the state, mental health professional shortages, and distances between rural communities and larger cities[v]. The inability to access affordable treatment is pervasive since Kansas has not expanded Medicaid, often making treatment and medication costs prohibitive. Over 900,000 adults in Kansas live in rural areas with limited support for adults with SMI[vi].

And so, the need for mental health care in Kansas is already outpacing the ability of the state to meet those needs, and rates of depression, anxiety, and other mental health concerns are only expected to increase in response to the COVID-19 pandemic and increased awareness of ongoing racial injustice. However, these societal pressures and shortfalls in treatment can be mitigated through changes to delivery of care and coverage for peer support specialists and other paraprofessionals[vii].

Whether it is 1 in 5 or 2 in 5, they are not alone on their journey; they have relationships and social interactions throughout their daily lives.

- They have parents, brothers, sisters, grandparents, husbands, wives, aunts, uncles, children, friends…
- They have landlords, tenants, roommates, neighbors, co-workers, supervisors…
- They have classmates, teachers, paras, school administrators, professors, college campus life staff,
- They have counselors, case managers, doctors, nurses…

The list is endless… and reveals to us that in reality, 5 out of 5 Kansans are impacted by mental health conditions… 5 out of 5 Kansans support loved ones and friends who have a lived experience of mental illness... 5 out of 5 Kansas need help early and need the best possible care... 5 out of 5 Kansas need **HB 2281**; it is more than a number.

Why NAMI Kansas Supports and Advocates for HB 2281: It is More Than a Number

In response to the 2020 law passed by Congress to make 988 the nationwide three-digit number for mental health crisis and suicide prevention, operating through the existing National Suicide Prevention Lifeline, all states and telecommunications companies are required to route 988 calls to the Lifeline by July of this year. Now, Kansas needs to work quickly to build their 9-8-8 crisis response system and build the infrastructure to effectively respond to mental health crisis calls and support funding necessary to fulfill the 9-8-8 vision and response for those struggling with mental illness conditions.

In too many communities, people in crisis do not get the right services at the right time. One in four people killed by police have a mental illness[viii] and each year, two million people booked

into jails have a mental illness.[ix] A 988 crisis response system can change how we respond to people experiencing mental health crises.

Because it is more than a number, NAMI Kansas supports three key elements in an ideal crisis response system: 24/7 Crisis Call Center Hubs, Mobile Crisis Teams, and Crisis Stabilization Centers.

24/7 Crisis Call Center Hubs: When someone calls 988, they should be connected to well-qualified people — 24 hours a day, 7 days a week — who are trained to effectively handle mental health, substance use and suicidal crises, including by text and chat.

Call centers should operate as coordinating "hubs," giving counselors the ability to communicate with mental health providers, book same day or next day outpatient appointments, dispatch mobile crisis teams, see real-time availability of inpatient care — and follow-up with callers within 24 hours to see how they are doing and if they're getting the support they need.

Mobile Crisis Teams: When an on-site response to a crisis is needed, mobile crisis teams should be deployed by crisis call centers, using geolocation where possible. Mobile crisis teams should be able to de-escalate situations, arrange transportation to crisis stabilization, or connect people to other services and supports.

Mobile crisis teams should be staffed by behavioral health professionals, including certified peer specialists. While there will be some crises where a law enforcement response is necessary, the goal is to limit their involvement. Mobile crisis teams should collaborate closely with law enforcement but include police as co-responders only in high-risk situations.

Crisis Stabilization Centers: When more intensive care is needed, short-term crisis stabilization should be available. Crisis stabilization programs should be in a home-like environment, and should have the capacity to diagnose, provide initial stabilization and observation, and ensure a warm hand-off to appropriate follow-up care. Crisis stabilization programs should also include options for peer crisis respite, peer navigation and follow-up, residential crises, and substance use detox.

HB 2281 prepares the way for the State of Kansas to build its 988 Crisis Response System. The bill provides a means to adequately fund all of the above priorities, while detailing how we can implement them. It is invaluable to the process that family members and those who have a lived experience of mental illness be at the table and participate in the discussion and decision-making processes of any crisis response system as well as being a part of a crisis response team. People with lived experience are critical to creating rapport with a person in crisis, engaging people in care, and offering hope. The inclusion of peers, including peers representing the diversity of their communities, can help people get on a path to recovery.

It is More Than a Number: It is Respect and Dignity

A call for help should not result in trauma or tragedy. Building a 9-8-8 crisis system in Kansas and in our communities will move us closer toward our shared goal: a respectful, dignified, and effective response to *everyone* who experiences a mental health, substance use, or suicidal crisis.

NAMI Kansas supports HB 2281 and funding to fulfill the 9-8-8 vision and response for those struggling with mental illness so that all may receive a respectful, dignified, and effective response in their need and Call for Help.

It is more than a number.

Madam Chair and committee members, thank you for your consideration and this opportunity to share with you today. I stand for any questions you may have.

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[i] https://nami.org/NAMI/media/NAMI-Media/StateFactSheets/KansasStateFactSheet.pdf
[ii] https://www.bcbsks.com/promo/mentalhealthawareness/
[iii] Mental Health Task Force Report; https://www.kdads.ks.gov/docs/default-source/csp/bhs-documents/final-mental-health-task-force-report---january-2019.pdf?sfvrsn=4dac04ee_0
[iv] Society of Actuaries, Mental Health Trends and COVID-19, April 2020: https://www.soa.org/globalassets/assets/files/resources/research-report/2020/covid-19-mental-health.pdf
[v] Mental Health Task Force Report (2018)
[vi] U.S. Dept. of Agriculture, *State Fact Sheets: Kansas*
[vii] Mental Health Task Force Report, *Report to the Kansas Legislature*, 2019.
[viii] https://www.washingtonpost.com/graphics/investigations/police-shootings-database/
[ix] https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.6.761