

Testimony in Support of HB 2240

“Enacting the Crisis Intervention Act”

Before: Senate Judiciary Committee

Senator Richard Wilborn, Chair

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Chairman Wilborn and members of the Committee, I thank you for the opportunity to submit written testimony in support of the CIA (Crisis Intervention Act). My name is Susan Crain Lewis, and I am the President/CEO of Mental Health America of the Heartland, an advocacy organization based in Kansas City that serves the Eastern portion of the state of Kansas with advocacy, education and support services for persons with mental illness, and the persons who work with and care for and about them, whether in a professional or personal role.

During the last legislative session I appeared before the House Committee on Corrections and Juvenile Justice, to express my intense opposition to HB 2639, as that bill had the very real potential to deprive Kansans with mental illness of their liberty and constitutional rights, to destroy elements of recovery like employment and care and custody of children, and worsen the state of a mental health system that was already underfunded and, in the words of many, “broken”.

As you are no doubt aware, that bill, which was rife with constitutional concerns, was referred to the Judicial Council, which established a special committee of consumers, advocates, providers, and law enforcement and community judicial representatives, to work through the issues raised in order to arrive at consensus and a bill that would pass muster for all parties.

I was fortunate to have been appointed to that committee, and to work long and hard alongside others to come to agreements and a bill that we all can support. That bill is HB 2240.

I have been asked by numerous people: “Is this bill perfect?” “Did I get everything I wanted?” And my answer is “of course not—no bill is perfect, and no process of consensus occurs without some level of compromise”. What I can say is that this bill marries the very laudable intention of reducing the number of people who are involuntarily committed in facilities far from their home, their providers and their natural supports; the number who are “boarded” in emergency rooms that lack the specialized skills to stabilize them; and worst of all the number of people who wind up in jails and other correctional settings, which perpetuate the stigma that equates illness, mental illness, with criminal behavior; with protections and processes that assure that these same people are not deprived of liberty for nefarious reasons, or a profit motive.

I can also say that the bill balances these protections with the practical and clinical requirements of running a crisis stabilization center, and of stabilizing persons who arrive there for service. These balances, and the hard work of my fellow committee members, accurately recorded and summarized by Judicial Council staff appear in a report which I encourage you to read, if you haven't done so already.

I also strongly encourage you to consider the recommendation which requires the Kansas Department of Aging and Disability Services to compile data on the new crisis stabilization services and centers which may arise from this bill, and to report that data to the legislature.

Given that the new facilities enabled by this statute could be run by a variety of corporations and organizations, including those with a profit motive, and given the abuses that have occurred in other states when profit making companies have taken on the 'mission' of serving involuntary patients, data must be made available regularly and timely. The review of this data is an essential way to assure that these centers are meeting the needs and intent we all envisioned, and it serves as an early warning signal in the event that they are not—or worse that within them the rights of the vulnerable persons they treat are not eroded. Some of the data we discussed are included in the report.

I also want to restate, from my original testimony, that this bill, as improved as it is, is not a panacea--staff at these centers will struggle to find community services for their clients post-release, given the state of our current funding, and the continued fact that in counties like Wyandotte 60+% of the patients accessing Rainbow Services Inc. are completely uninsured.

Finally, I want to remind us all that in communities and states where community based services are properly funded, where providers are able to employ enough staff to give people good timely services, and where there are adequate resources to provide good and thorough treatment, involuntary treatment is largely unnecessary, an anomaly. In our state we have cut funding and our centers and hospitals are turning away voluntary clients who want services. In the states and communities where good and sufficient community based services are funded and provided, citizens flock to them—in these places involuntary treatment is seen as a failure of the system.

I continue to hold out hope for the day that our state will be like this—for the day that our state will have little need for involuntary stabilization centers, because people will be seen before crisis and constraints take them beyond the ability to ask for help. In the meantime, we will have involuntary treatment in Kansas, and if we are going to, it should be in the least disruptive, most humane and effective way and place possible. Almost two years ago, I began working informally to see where common ground and good intent could prevail to craft not only good policy, but perhaps a new element of our mental health system that would be more humane, and more just, than what is currently happening to too many people. Today we have that, in the bill before you.

I urge you to vote for this bill.

Thank you for your attention and your consideration of this request.