

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illness

**Testimony presented to the
House Corrections and Juvenile Justice Committee on House Bill 2498
February 1, 2012
By Amy A. Campbell**

The Kansas Mental Health Coalition supports HB 2498 to establish a format for voluntary programs for mental health diversions in Kansas communities.

The Kansas Mental Health Coalition (KMHC) is comprised primarily of 42 nonprofit organizations representing consumers of mental health services, families of consumers, community service providers and dedicated individuals as well as community mental health centers, hospitals, nurses, physicians, psychologists and social workers. KMHC meets once a month to discuss and share information about addressing the mental health needs of Kansas citizens. Each year, coalition members forge a consensus legislative platform which provides the basis for advocacy and educational efforts during the legislative session. This design enables many groups otherwise unable to participate in the policy-making process to have a voice in public policy matters that directly affect the lives of their constituencies. The result of this consensus building is greater success for our common goals.

An unintended result of the massive reduction in state hospital beds during the last decades of the 20th century was the parallel growth in the proportion of people with mental illnesses incarcerated in local jails as well as state and federal prisons. One recent review of the scientific literature revealed that, nationally, 6 to 15 percent of people in city and county jails and 10 to 15 percent of people in state prisons have severe mental illness and a large proportion of them were homeless prior to arrest. U.S. Department of Justice data indicate that 24 percent of state prisoners and 21 percent of local jail prisoners have a recent history of a mental health disorder. KDOC data shows that from July 2008 to June 2009, 18% of inmates (1,558) were on psychotropic medications. In that same timeframe, 1,037 inmates were newly diagnosed with an Axis I disorder or dual diagnosis. In 2007, of the 5,008 released, 10% had a severe mental illness and another 10% had a severe and persistent mental illness. Other investigators estimated that the percentage of those who are seriously mentally ill with schizophrenia, bipolar disorder, or severe recurrent depression range from 6% to 15%, depending on the study and on the institution. The majority of these incarcerations are unnecessary, counterproductive to recovery, and permanently stigmatizing. They strain the capacity of both the criminal justice system and the mental health system to adequately serve Kansans.

A significant part of the picture is the 65% reduction to state grants for community mental health centers over the past five years that has forced centers to triage patients according to their payor source and level of crisis. Kansas must make a serious effort to restore stable state funding to community based treatment.

The mental health diversion program shows positive results in Johnson County. The District Attorney's office is actively involved and provides oversight and accountability for the program. We hope that by creating a permissive bill, more Kansas communities will examine their options and pursue similar programs.

The Kansas Mental Health Coalition supports HB 2498. Please support this legislation this session, along with a serious focus on the necessary funding for community based treatment that has been so dramatically depleted in recent years.

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