



Date: March 19, 2024

From: Steve Greene, On Behalf of Cicero Action

To: Senate Committee on Judiciary

Re: Proponent Testimony for HB 2353

Chairwoman Warren, Vice Chair Wilborn and Honorable Committee Members:

My name is Steve Greene and I want to thank the Committee on behalf of Cicero Action for the opportunity to testify in support on HB 2353, which aims to address the critical issue of behavioral health in Kansas. Cicero Action is a nonprofit, nonpartisan advocacy organization that identifies innovative and effective policy reforms to share with state lawmakers, executive branch officials, and other nonprofit groups.

HB 2353 better positions Kansas to respond to its residents in the most need of mental health care by increasing the duration of an initial, continued treatment order and expanding the eligibility criteria for outpatient treatment. These are sensible changes to improve the accessibility and effectiveness of the state's mental health care.

It is important to note that the population addressed in this bill **are those who are experiencing the most severe symptoms and impairments of mental illness**. Involuntary commitment for treatment is only an option for extreme cases, but it is an essential tool for this high-risk, high-need population.

The prevalence of severe mental illness in the criminal justice system and unsheltered homeless populations demonstrates the ways the existing involuntary care framework has been underutilized as a tool to divert individuals whose well-being is rapidly deteriorating and prevent them from becoming homeless or committing crimes due to a lack of care. This bill addresses many of the key reasons for this underutilization.

A cursory view of national and statewide data highlights the scale and urgency of this problem. According to Treatment Advocacy Center, Kansas has more than 70,000 residents suffering from severe mental illness.¹

¹ Kansas. Treatment Advocacy Center. https://www.treatmentadvocacycenter.org/map_directory/kansas/

While the vast majority of these individuals do not need the highest levels of care such as those at issue in the bill, it is worth noting that there are only an estimated 300 psychiatric beds in Kansas to care for the most severe cases within that population.² The state's bed capacity has fallen by 56 percent since 2010.³ This decline in bed capacity is a concern in its own right, but as it relates to this bill, this trend highlights the need for expanding alternative modes of care, such as outpatient treatment, which is addressed in HB 2353.

Like many states, Kansas's mental health infrastructure anticipates high levels of criminal involvement among people with severe mental illness, as more than one-third of the state's psychiatric care beds are within its criminal justice system.⁴ Yet, even that data point underestimates the connection between mental illness and crime. The Substance Abuse and Mental Health Administration estimates that at least 37 percent of people in jail and 44 percent of people in prison have mental illnesses.⁵

The unsheltered homeless population, which refers to the individuals that we often see sleeping in tents and sleeping bags in parks and on sidewalks, endures similarly alarming rates of mental illness. According to the U.S. Department of Housing and Urban Development, Kansas has seen unsheltered homelessness increase by 85 percent in the last five years.⁶

Much of the growth in unsheltered homelessness parallels the increase in the prevalence of severe mental illness within that population. Rates of severe mental illness have increased among the total homeless population have doubled in the last decade and increased by 42

² Kansas. Treatment Advocacy Center. https://www.treatmentadvocacycenter.org/map_directory/kansas/

³ Kansas. Treatment Advocacy Center. https://www.treatmentadvocacycenter.org/map_directory/kansas/

⁴ Kansas. Treatment Advocacy Center. https://www.treatmentadvocacycenter.org/map_directory/kansas/

⁵ About Criminal and Juvenile Justice. Substance Abuse and Mental Health Administration. [https://www.samhsa.gov/criminal-juvenile-justice/about#:~:text=It%20is%20estimated%20that%2018,\(PDF%20%7C%20670%20KB\).](https://www.samhsa.gov/criminal-juvenile-justice/about#:~:text=It%20is%20estimated%20that%2018,(PDF%20%7C%20670%20KB).)

⁶ HUD 2023 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. U.S. Department of Housing and Urban Development.

https://files.hudexchange.info/reports/published/CoC_PopSub_State_KS_2023.pdf

HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. U.S. Department of Housing and Urban Development.

https://files.hudexchange.info/reports/published/CoC_PopSub_State_KS_2018.pdf

percent in the last five years.⁷ Among the unsheltered population, the trends are even worse. Since 2013, the rates of SMI have increased by 150 percent, and since 2018, by 114 percent.⁸

The amendments to HB 2353 create additional clarity to support caring and meeting the needs of Kansas citizens in need of mental health treatment while recognizing getting them access to care more efficiently in an outpatient environment not only spares the Kansas inpatient mental treatment resources for the most in need, but serves those in the most effective milieu for the greatest possibility of success with more reasonable criteria for those responsible and accountable for this vulnerable population.

The changes enacted in the original bill and along with the proposed amendments will not fully solve the issues I have outlined. Still, this bill will put more tools in the hands of families, medical professionals, and officials that will allow the state to understand better demand for the continuum of care and, today, better address the most extreme cases of mental illness in Kansas.

Thank you, again, for the opportunity to offer proponent testimony. I am happy to answer questions at the appropriate time.

⁷ HUD 2023 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. U.S. Department of Housing and Urban Development.

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HUD 2018 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. U.S. Department of Housing and Urban Development.

https://files.hudexchange.info/reports/published/CoC_PopSub_State_KS_2018.pdf

HUD 2013 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. U.S. Department of Housing and Urban Development.

https://files.hudexchange.info/reports/published/CoC_PopSub_State_KS_2013.pdf

⁸ HUD 2023 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. U.S. Department of Housing and Urban Development.

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