

Proponent Testimony on HB 2353
Senate Committee on Judiciary
March 18, 2024

My name is Annarose White and I am writing in support of HB2353. I have a brother who was diagnosed with Bipolar Disorder, Type 1. He has been hospitalized over 30 times in the last 13 years. I'm 33 years old and my brother, Gus is 32. I have the privilege to have been raised by a family of entrepreneurs. My family moved to Sumner County to be closer to family and grandchildren. Our family has worked together my whole life, but that also means we have a front row seat to my brother Gus' struggle for stabilization and access to mental health services for his mental illness.

When my brother is in a manic episode it affects our entire family system. My brother is a gentle person. When my family observes Gus' symptoms worsening. I see my brother go from slight symptoms of hypomania to full on psychosis where he becomes resistant to treatment. When my brother is in a manic episode and psychosis, the early stages never qualify for the HB2353 old language of "at harm to self or others." We have called 911 in fear and desperation worried something will happen. Law enforcement and first responders rarely are able to help us provide a safe place or transport my brother who in psychosis is resistant to treatment because they say he is not at harm to himself or others and they can't do anything unless he asks to be taken to treatment. Relying on an individual experiencing a mental health crisis to be their own advocate for care is not realistic.

I agree that adding the decompensation standards to the outpatient treatment order criteria will enable mental health facilities and judicial districts to intervene before a person with a documented history of mental illness decompensates to a point of being a danger to themselves or others. Since my brother does have a documented history of mental illness, labeled as Bipolar Disorder, Type 1 (SPMI) Severe and Persistent Mental Illness. His illness cannot be stabilized in a week. Extending initial outpatient treatment order for care from three to six months will create more realistic expectations for a smoother transition for people struggling with mental illness. I saw the most hope last year when my brother had six months to begin stabilizing on medications after mental and physical injuries required him to recover in a hospital for 100 days and a Mental Health Nursing Home for six months. My family hopes the new language in HB 2353 will dramatically change the lives of Kansas families by not forcing them into such dangerous situations, struggling to transport family members in need of care who might be resistant to treatment. The new language hopefully, will allow the local mental health centers access to getting people help sooner.

I ask for your approval of the requested changes to HB2353 so my family will have hope when a future crisis arrives. Thank you to all the Kansans who have made strides to improve the mental health continuum and restore access and availability of mental health services.

Respectfully,

Annarose White
823 N. Washington Ave.
Wellington, KS 67152