

Testimony on SB21-239

2-1-1 Statewide Human Services Referral System

Senate Health and Human Services

April 26, 2021

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Madame Chairwoman and Members of the Committee. My name is Ray Merenstein and I have the honor of representing the Colorado chapter of the National Alliance on Mental Illness as its Executive Director. NAMI's mission is to build communities of recovery and hope by educating, supporting, and advocating for individuals affected by mental illness and their families. On behalf of our affiliates from the Western Slope to the Southeast border and over the I-25 Corridor, it is my pleasure to offer our support of SB239. Before I continue, I would like to thank the bill Senate sponsors, Senators Kolker and Zenzinger.

Among NAMI's biggest priorities is the Increased access to and use of resources - like 211 - that improve recovery and re-integration for those with mental illness. Improved quality of life means health, home and - whenever possible - employment. Behavioral health support through 211 will help more equitably meet individuals struggling with mental illness where they are in terms of backgrounds, culture, and needs. Strengthened resources like 211, targeted specifically to behavioral health, keeps the positive trajectory of recovery moving forward.

NAMI is blessed on the national, State and local level to have help lines available for those going through any struggle related to mental illness - housing, employment, health, criminal justice or more. Those that answer the phones are grateful when we have dedicated resources like NAMI's Law Line, Colorado Crisis Services, Suicide Prevention hotline, and now - with this bill - employment resources via 211.

If you, for just 5 minutes of your day, could listen to one of the calls we receive, you would more fully understand the power of being able to provide not just a resource, but a lifeline, to individuals courageous enough to pick up the phone and call. Many are family members, others are the individuals themselves, and they are scared, confused, anxious or depressed. Having the connection and ease of a 211 resource can truly bring hope, direction and progress toward brighter future.

SB 239 not only requires DHS' office of behavioral health to contract to hire and train specialized personnel, but the bill also requires the engagement in targeted marketing and outreach to traditionally underserved communities, such as immigrant, low-income, and communities of color alongside the department of labor and employment to target, conduct outreach, and market to individuals who are unemployed who may need referrals for behavioral health services and other resources. This is why I am testifying - access, affordability and assistance to those who need it most. NAMI vows each and every day that no person should feel isolated or without resources, it is why we use the hashtag - #NotAlone - with frequency and with omnipresence.

Let me reinforce, for a moment, just how vital it is to connect with these untapped communities. A recent SAMHSA report, "Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities in the U.S"¹ highlighted the effect of poverty, housing density, stress-related health conditions, employment conditions and lack of health care during this pandemic. According to the report, the Black community, which comprises 13% of the total U.S. population, represents 30% of COVID-19 cases. And the Latino community, which makes up 18% of the population, accounts for 17% of COVID-19 cases. This data, when coupled with the statistics of COVID-related depression, anxiety and other mental illness, show the vital importance of raising awareness of and access to resources in mental health that are targeted to these communities in innovative, directed, and trusted methods.

In order to raise awareness for untapped communities, we need approaches that meet people where they are such as 211. Resources for all communities currently underserved or unaware of free, peer and professional supports are essential. In order to build awareness, however, the strategies need to be researched, refined and adapted for each of these targeted populations. It is why the public relations side of this bill, mutually beneficial outreach efforts, is so attractive and garners our strong support.

¹ <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>

Collaborations to strategic community leaders to identify the best approaches to dialogue, engagement, training and teaching should be ramped up. To see this bill engage both Health and Human Services and Labor and Employment is reaffirming. We appreciate the 211 emphasis to meet the cultural challenges and mental health needs as they vary from demographic community to community.

The intersection of equity, employment and access - particularly during a pandemic - can not be understated. For example, many members of the Latino community are self-employed or are paid minimum wage if they were able to maintain employment during COVID19. Now, couple that with the aforementioned disparities of COVID19 cases, and there is obvious need for free, accessible resources for mental health and employment - and 211 helps meet that demand. Targeted outreach as outlined in the bill will help immerse the messaging in communities of color, bridging a lack of information, and hopefully decrease the stigma associated with mental health and/or unemployment.

As noted by NAMI CEO, Dan Gillison, in a recent issue of The Hill², “a pandemic of despair of historic proportions rolled into a broader public health crisis. The crisis is now of such magnitude that a failure by legislators and policy makers to shore-up an overwhelmed mental health care system could cripple recovery. On a global scale, mental health and substance use needs are the single largest driver of disability costs worldwide — \$2.5 trillion in 2010 and a projected \$6 trillion by 2030.”

A CNBC report³ articulates it this way, “the stop-and-start nature of the job loss is playing out alongside swelling long-term unemployment, a continuous spell of unemployment that lasts at least six months. It’s an especially dangerous period for workers from a financial perspective and may lead to other negative side effects like skill depreciation.” This, of course, is above and beyond the startling statistics we as NAMI have seen taking 1 in 5 affected by mental illness to 1 in 3. This is directly attributable to anxiety and depression associated with COVID19 and its economic and health impacts.

² <https://thehill.com/opinion/healthcare/539925-2020-devastated-us-mental-health-healing-must-be-a-priority>

³ <https://www.cnbc.com/2021/02/16/bulk-of-jobless-claims-due-to-repeat-pandemic-layoffs-say-researchers.html>

As author Arundhati Roy says in a 2020 *Financial Times* article, “the pandemic is a portal, offering the opportunity to rebuild for the future. There is a viable pathway for turning around the economics of mental health care. Given the severity of the crisis, can we afford not to seize this opportunity for real change?”⁴

NAMI thanks you for the intentionality and direction of this bill. It matches well with our focus on four accelerators: Diversity, technology, partnerships and innovation. Let me explain these a little further. The priorities include: (1) Diversity and Inclusion as we infuse cultural competency and equity throughout our work to better serve diverse communities. (2) Technology as we leverage modernization to be more efficient and reach more people through our education and support. (3) Partnerships that will proactively engage people across our Alliance that help us go further faster. (4) Innovation that explores new ways to strengthen and scale NAMI’s work through diverse and sustainable strategies.

We cannot assume that low access rates by members of a cultural or social group is due to a lack of effort in seeking help. Instead, we must consider, learn, hear, and respond to their underlying challenges. Individuals are less likely to seek help or engage in resources if they cannot find a partner they can trust, who understands their identity and will treat them with dignity and respect. Then, and only then, can our proven network of peer-supported programs adapt, grow and serve even more Coloradans.

Madame Chairwoman and Members of the Committee, on behalf of our entire membership, staff, volunteers and those we serve, we ask for your support of SB239.

⁴ <https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca>