

March 11, 2021

Members of the House Public Safety and Criminal Justice Reform Finance and Policy Committee:

We are writing today to express NAMI's support for HF 1686. Calling 911 for help is second nature in our society. We expect that no matter the emergency we will be met with trained professionals, and we have dedicated great resources to an infrastructure able to respond adequately. Yet, even though you are more likely to experience a mental illness than diabetes, heart disease, or cancer – mental health crisis response is strikingly absent from our emergency response systems. When you call 911 for a fire, you get the fire department; for a heart attack, EMS; for a public safety concern, police. But when you call 911 for a mental health crisis the most common response is law enforcement.

One in five adults in the U.S. will experience a mental illness every year and the average delay between the onset of symptoms and treatment is 10 years. While a person with a mental illness waits to seek or gain adequate access to treatment, they are 16 times more likely to be killed by police than the general public. In Minnesota alone, half of all deadly force encounters with law enforcement involve a mental health crisis call. These statistics also live at the intersection of systemic racism, maintaining a cycle of trauma for BIPOC communities who are disproportionately policed and criminalized, and continue to experience barriers accessing culturally informed treatment.

Minnesota has worked to provide mobile crisis teams of licensed professionals for every county. Crisis teams can engage over the phone or travel in the community to de-escalate crises, engage family members, determine next steps, develop plans to avoid future crises, and even provide rapid access to a prescriber or assistance with insurance enrollment. However, with a very few exceptions, calling 911 will not connect you to a mobile crisis team.

People in a mental health crisis should not be required to know a different number than all other people in an emergency. HF 1686 is the first step in fully integrating mental health crisis response into our emergency response systems. The next essential steps will be fully funding our crisis teams and providing support and training for our 911 telecommunicators. Passing this bill will help to free up law enforcement when appropriate and provide the best response possible for people in crisis. In other words, an investment in our mental health system is an investment in public safety. Thank you for your time.

Sincerely,

Sue Abderholden, MPH  
Executive Director

Elliot Butay  
Criminal Justice Coordinator