KANSAS MENTAL HEALTH COALITION

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

Testimony presented to the Senate Commerce Committee Amy A. Campbell – March 13, 2013

Thank you for the opportunity to address your committee today on behalf of the Kansas Mental Health Coalition. The Kansas Mental Health Coalition is dedicated to improving the lives of Kansans living with Mental Illnesses and Severe Emotional Disorders. We are consumer and family advocates, provider associations, direct services providers, pharmaceutical companies and others who share a common mission. At monthly roundtable meetings, participants develop and track a consensus agenda that provides the basis for legislative advocacy efforts each year. This format enables many groups, that would otherwise be 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 opportunity for dialogue and the development of consensus makes all of us stronger and more effective in achieving our mission.

The Kansas Mental Health Coalition opposes passage of SB 195 in the form it was introduced. The Coalition supported passage of HB 2336 in 2011 and continues to support the mission of the Commission. It is our understanding that there has been a good deal of discussion among members of the Commission and other advocates. Our organization discussed the issue at our February roundtable meeting.

With the adoption of the substitute bill proposed by Senator Kerschen and additional amendments to clarify priorities important to our members, the Kansas Mental Health Coalition would support the bill. The additional amendments must accomplish the following: retain independent nature of the Commission, retain oversight and accountability functions.

Supported Employment

Among mental health programs, supported employment is considered an effective evidence based program. Of the total caseload population of 6,937 individuals classified as having a serious and persistent mental illness (SPMI), it is estimated that 60 percent or 4,161 individuals will be interested in at least part-time employment as part of their recovery plan. Currently, 868 individuals are receiving IPS services. That's about 20% of the statewide target population. While approximately 90% of the costs of implementing IPS can be covered by Medicaid, many centers lack sufficient revenue to offer the service or to expand the scope to reach a more significant portion of the target population.

Employment is a critical ingredient to the recovery process for individuals with a serious mental illness. The IPS model has proven outcomes which average a 40% placement rate in competitive employment compared to a 15% placement rate by centers that use other methods. As of January 1, 2012, IPS programs along with other evidenced based mental health practices have supported more than 200 people who experience serious mental illness in Kansas to find employment and retain it for a period of at least 90 days. However, many individuals in the target population are currently being denied equal access to supported employment services due to the limited scope of the program. We need to invest in helping people find competitive employment and enabling them to move beyond the mental health system of care to become more self-supporting.

While we face restricted budgets and limited staffing in our agencies and our community treatment settings, it is even more important to have collaborative efforts moving forward to improve opportunities for employment for persons with disabilities. Please allow the Commission to move forward with developing stakeholder input and recommendations, along with its other functions.

We encourage the adoption of both amendments. Thank you for your consideration.For More Information, Contact:Kansas Mental Health Coalition

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