



Senate Commerce Committee

Testimony on Senate Bill 195

March 13, 2013

Presented by:
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NAMI Kansas is the state organization of the National Alliance on Mental Illness, a grassroots organization whose members are individuals living with mental illnesses and their family members who provide care and support. NAMI Kansas provides programs of peer support and education by and for our members through a statewide network of local affiliates. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

We strongly support the original Employment First legislation and policy statement for Kansas regarding an emphasis on maximizing competitive and integrated employment for individuals with disabilities. Kansas has taken a leadership role in enacting this policy and we should allow the process to go forward.

One in seventeen adults lives with a serious mental illness, such as schizophrenia, major depression or bipolar disorder.¹ Approximately 95,000 adults in Kansas are affected by a serious mental illness.² We are particularly concerned about individuals with serious mental illness who experience unemployment at extraordinarily high rates – up to 80-90 percent. Persons with mental illnesses are one of the largest populations receiving federal disability payments. They are more likely to begin receiving disability payments at a younger age and to maintain their disabled status longer than persons with other types of disabilities. The annual cost burden on Kansans for untreated serious mental illness is estimated to be \$1.17 billion.³ More than 36% of this cost burden falls to private sector employers reflecting the loss of productivity as a result of illnesses. Unfortunately, assistance with employment is a major unmet need in a number of mental health programs.

We need a strong Employment First policy and oversight function that will address the needs of individuals with serious mental illness along with other disability groups. We believe that the Commission should be preserved as a central focus for the ongoing work around Employment First.

While the Commission's 2012 report reflects mixed results in getting meaningful agency participation to focus on the policy objectives of the law, the Commission is taking a new approach to obtain stakeholder input to address a number of key questions:

- Identifying barriers to competitive and integrated employment for individuals with disabilities
- Identifying strategies to address these barriers which can be implemented by state agencies
- Defining success for the Employment First law in terms of realistic benchmarks for state agencies and building on current successful strategies

Let's give the Commission some leeway to re-focus its efforts in concert with state agencies and the stakeholder community. We believe that the Commission should be a resource to state agencies in generating ideas for how best to implement the Employment First policy.

SB 195 is the wrong direction for us to proceed as it effectively eliminates oversight by the Commission. We urge you not to act on this bill.

Thank you for the opportunity to provide these comments.

¹ National Institute of Mental Health. NIMH: The numbers count— Mental disorders in America. National Institute of Health. Available at <http://www.nimh.nih.gov/publicat/numbers.cfm>.

² Holzer, III, C.E. and Nguyen, H.T., psy.utmb.edu.

³ Health Care Foundation of Greater Kansas City, *The Costs of Untreated Mental Illness* (2012). <http://hcfkcc.org/costs-untreated-mental-illness>