



Senate Ways and Means Committee

Testimony on Senate Bill 444

March 9, 2012

Presented by:
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NAMI Kansas is a statewide grassroots membership organization dedicated to improving the lives of individuals with mental illness. Our members are individuals who are living with mental illnesses and the family members who provide care and support. NAMI Kansas provides peer support through a statewide network of local affiliates. We sponsor educational programs targeted at consumers of mental health services, their family members, and the general public. We advocate for individuals who are living with mental illness to ensure their access to treatment and supportive services.

The unemployment rate of persons with severe mental illnesses remains extraordinarily high – up to 80-90 percent, according to some estimates. 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. Notwithstanding changes to federal disability income and employment programs in the last ten years, significant barriers to employment remain.

In the U.S., the annual indirect cost of mental illnesses was estimated to be \$79 billion in 1999, a figure which has certainly increased in the last 13 years. 80% of that amount reflects the loss of productivity as a result of illnesses.¹

One key component of a recovery-oriented treatment system is an emphasis on employment. Most individuals with severe mental illness want to work and believe that work is an important goal in their recovery. When work is identified as a recovery goal, this is usually understood to mean

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competitive employment, defined as community jobs for which any person may apply, which involves work in an integrated setting with regular contact with non-disabled employees, and that pays at least the minimum wage. Unfortunately, assistance with employment is a major unmet need in a number of mental health programs. In some areas of the country, fewer than 15 percent of mental health consumers are competitively employed at any time.

We applaud the concept of the bill to provide incentives for employers who demonstrate their commitment to hire individuals with disabilities. One of the barriers to increasing competitive employment for individuals with serious mental illnesses is the lack of resources in the mental health system to develop relationships with potential employers for job opportunities which could be filled by individuals living with mental illnesses.

We believe that the bill as currently drafted unnecessarily restricts the employer incentives to individuals with a serious and persistent mental illness. We believe that the broader language of serious mental illness should be substituted in the bill. Attached to this testimony is information regarding the federal definition of serious mental illness.

The full-time employment requirement in the bill is also a concern regarding many individuals with disabilities, especially individuals with serious mental illness. This is not realistic in many cases. We believe that this threshold requirement should be reduced to 30 hours per week for employers who are seeking to become a certified business.

Thank you for the opportunity to present this testimony for the Committee's consideration.

¹ U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp. 408-409, 411.

Background on the Definition of Serious Mental Illness

Public Law (P.L.) 102–321, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act, established a block grant for States to fund community mental health services for adults with SMI. The law required States to include incidence and prevalence estimates in their annual applications for block grant funds. The law also required SAMHSA to develop an operational definition of SMI and to establish an advisory group of technical experts to develop an estimation methodology based on this definition for use by the States. The definition of SMI stipulated in P.L. 102–321 requires the person to have at least one 12–month disorder, other than a substance use disorder, that met DSM-IV criteria (APA, 1994) and to have "serious impairment." A SAMHSA advisory group suggested that the term "serious impairment" be defined as impairment equivalent to a Global Assessment of Functioning (GAF) score of less than 60 (Endicott, Spitzer, Fleiss, & Cohen, 1976).

Federal Definitions of SMI and SED

The definitions of serious mental illness and serious emotional disability published by the Center for Mental Health Services (CMHS) in the Federal Register are as follows.

Serious Mental Illness (SMI)

"..., adults with a serious mental illness are persons 18 years and older who, at any time during a given year, had a diagnosable mental, behavioral, or emotional disorder that met the criteria of DSM-III-R¹ and ... that has resulted in functional impairment which substantially interferes with or limits one or more major life activities...."

The definition states that "adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illnesses....DSM-III-R 'V' codes, substance use disorders, and developmental disorders are excluded from this definition...."

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Estimation Methodology for Adults With Serious Mental Illness (SMI)

AGENCY: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, HHS.

Federal Register: June 24, 1999 (Volume 64, Number 121). Pages 33890-33897

Online via GPO Access [wais.access.gpo.gov][DOCID: fr24jn99-67]

¹ Note –that since these definitions have not been updated in the federal register since 1994, an earlier version of the Diagnostic and Statistical Manual is used as the reference (DSM-III-R). It is presumed that the current version of the DSM applies (i.e., DSM-IV from 1994 – present).