

MINUTES OF THE HOUSE AGING & LONG-TERM CARE COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 9:02 am. on February 3, 2011, in Room 144-S of the Capitol.

All members were present except :  
Representative Scott Schwab - absent

Committee staff present:  
Katherine McBride, Office of the Revisor of Statutes  
Gordon Self, Office of the Revisor of Statutes  
Iraida Orr, Kansas Legislative Research Department  
Craig Callahan, Kansas Legislative Research Department  
Evelyn Walters, Committee Assistant

Conferees appearing before the Committee:

Jim Snyder, Kansas Silver Haired Legislature  
Rick Cagan, Executive Director, NAMI Kansas

Others attending:  
See attached list.

Bill Introductions:

Representative Bethell moved and Representative Hill seconded, that home health licensure in the state of KS have a tiered system of licensure. Motion carried.

Representative Bethell moved and Representative Weber seconded, that Continuing Care Retirement Communities register with the Commission of Insurance. Motion carried.

Representative Bethell moved and Representative Kelly seconded, that an oversight committee be established for the KNI closure. Motion carried.

Conferees appearing before the Committee:

Jim Synder, Kansas Silver Haired Legislature  
Rick Cagan, Executive Director, NAMI, Kansas

Hearing on:  
**HB 2046 -Creation of the health care for seniors fund**

Katherine McBride, Office of the Revisor of Statutes, reviewed the bill contents.  
A question was asked by Chairman Bethell. No other questions at this time.

Proponent:  
Jim Snyder indicated that he had no written testimony. The bill is a carryover bill from the last two sessions with no fiscal note. It would be administered by the Department of Aging to the Senior Trust Fund.

Questions were asked by Representative Weber, and Representative Moore.

Representative Otto and Representative Worley made comments.

No other conferees on **HB 2046**.

Chairman Bethell closed hearing.

Chairman Bethell invited Rick Cagan to give an overview of his agency/organization:

Rick Cagan explained the purpose of NAMI/Kansas is three fold. First, community based peer support, second, to provide educational support and third it is an advocacy organization. It is part of a broader Mental Health coalition and the Big Tent coalition. It is a membership organization for individuals with mental health issues and their families. (Attachment 1)

CONTINUATION SHEET

Minutes of the House Aging & long Term Care Committee at 9:00 am on February 3, 2011, in Room 144-S of the Capitol.

Representative Moore commented with Thanks on the work that is done.  
A Question was asked by Representative Worley.

Chairman Bethell recognized committee members for introduction of other bills.

Representative Worley moved and Representative Wolf seconded a bill dealing with definitions of Adult Care Homes sec 39-923. Motion carried.

Representative Worley moved and Representative Wolf seconded a bill dealing with orders of relief from abuse sections 60-3107. Motion carried.

Representative Hill introduced his Pharmacy student intern, Dana Newton, for February.  
Chairman Bethell introduced new assistant Evelyn Walters.

The next meeting is scheduled for February 8, 2011.

The meeting was adjourned at 9:40 am.

**HOUSE AGING AND LONG TERM CARE COMMITTEE**

DATE: 2/3/11

[illegible]

**PLEASE USE BLACK INK**

### What is NAMI?

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Since 1979, NAMI has become the nation's voice on mental illness, a national organization with affiliates in every state and in more than 1,100 local communities across the country. Members of NAMI include mental health consumers, families and friends of people living with mental illnesses, mental health providers, students, educators, law enforcement, public officials, politicians, members of faith communities, and concerned citizens.

NAMI Kansas is the state NAMI organization. Our mission is to serve as a self-help, membership association of family members, mental health consumers and friends dedicated to improving the lives of those affected by mental illnesses. We provide leadership and work in partnership with our 15 local affiliates to ensure peer support, advocacy, and education. NAMI Kansas sponsors the annual NAMIWalk to raise funds for the organization and to focus the public's awareness on mental illness and the importance of eradicating the stigma associated with those who live with mental illness.

At the local level, NAMI Kansas provides a monthly or more frequent meeting for education and peer support. Speakers bring information on subjects of interest to the group and time is set aside for separate support groups to meet – one for mental health consumers and another for family members and friends. Support groups are led by a peer-trained leader.

NAMI Kansas provides longer educational programs for mental health consumers, for family members, and for parents of children and adolescents. These programs provide critical information about mental illness, treatment, self-care, advocacy, and community resources for consumers and family members. We have a general public education program which utilizes mental health consumers who are trained to be speakers and to go out and tell their stories to various audiences about the nature of mental illness and their personal experience with recovery. NAMI participates in the training of law enforcement officers so that they will recognize the signs and symptoms of mental illness and how to relate to those living with mental illness who are in crisis.

NAMI Kansas provides advocacy on multiple levels and responds to complaints on behalf of those seeking treatment. We work with public agencies on policy development and implementation and within the legislature to promote needed changes.



National Alliance on Mental Illness

# NAMI Kansas

## Kansas' Voice on Mental Illness

### NAMI Kansas Membership Form

Full Name: \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Local affiliate or support group\*: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

E-mail address: \_\_\_\_\_

☐ This is a membership renewal

*\*Members will be registered with the local group that is closest to them absent any stated preference.*

Individual Dues -- \$35 Annual Membership

*No one will be denied membership for their inability to pay the full membership fee. The minimum dues payment is \$3.*

Organizational Dues -- \$185 Annual Membership

*The individual listed above is the designated voting representative for the organization. Bulk quantities of NAMI Kansas publications will be sent to organizational members.*

Dues amount enclosed	\$ _____
Tax deductible donation enclosed	\$ _____
<b>TOTAL ENCLOSED</b>	<b>\$ _____</b>

*Donations in excess of membership dues will be applied toward expanding NAMI Kansas' educational and advocacy efforts. Donations to NAMI Kansas are tax-deductible to the full extent of the law, as no goods or services have been exchanged.*

Please return your membership form and payment to:

Revised Jan2010

### In Our Own Voice

"The presentations that NAMI Kansas did for our staff and consumers featuring **In Our Own Voice** were powerful, impacting, and re-energizing. I would recommend the presentation for any group, community, provider, and consumer."

**--Walt Hill, Executive Director  
High Plains Mental Health  
Center, Hays**

### Family-to-Family

"The main difference before and after we had NAMI was like night and day. It was through **Family-to-Family** that we got our information. Before that, we were blindfolded and we were trying to get our information in the dark.

**--Susan Reynolds**

### Empowerment

"NAMI has changed my life. It has brought me in touch with others who have mental illnesses so I don't feel so alone. It gives me a way to advocate for myself and my peers. I want others to know there's a resource for them. **In Our Own Voice** has really been empowering for me.

**--Susan Haggard  
Topeka, KS**

### NAMI Kansas

610 SW 10<sup>th</sup> Ave., Suite 203  
P.O. Box 675  
Topeka, KS 66601  
(785) 233-0755  
[www.namikansas.org](http://www.namikansas.org)  
[namikansas@nami.org](mailto:namikansas@nami.org)



## MISSION AND PROGRAMS

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots organization comprised of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation's voice on mental illness. With organizations and affiliates in every state, members of NAMI include mental health consumers, families and friends of people living with mental illnesses, mental health providers, students, educators, law enforcement, public officials, politicians, members of faith communities, and concerned citizens.

NAMI Kansas is the state organization of NAMI and functions as a self-help, membership association of family members, mental health consumers and friends dedicated to improving the lives of those affected by mental illnesses. We provide leadership and work in partnership with local affiliates to ensure peer support, advocacy, and education. The following program areas represent our current involvements.

### **Affiliate Development**

Local affiliates/support groups are the heart and soul of the organization. The viability, strength and capability of NAMI Kansas is in direct proportion to these same measures of the local entities. Since local affiliates are the delivery mechanism for most of the other program elements, affiliate development is a core program feature. Currently, we have a local presence in about 15 communities which leaves a number of key areas around the state without the means of reaching those in need. There is interest in expanding the reach of the affiliate network to include Garden City, Dodge City, Liberal, Pittsburg, Riverton, Great Bend, Independence, Marysville, Hutchinson, Concordia, Paola, Ottawa, Greensburg and Phillipsburg.

### **Peer Support**

Peer support is a pillar of the NAMI Kansas mission as well as a key ongoing function of local affiliates and support groups. Peer support is provided both by and for mental health consumers as well as by and for family members of those affected by mental illness. Local affiliates and support groups designate a portion of their meetings to talk, listen, and ask for help, share resources and to ensure that new members are connected. NAMI provides training for peer support group facilitators.

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[namikansas@nami.org](mailto:namikansas@nami.org) • [www.namikansas.org](http://www.namikansas.org)

## **Consumer and Family Education**

NAMI Kansas implements several branded programs which provide critical information about mental illness, treatment, self-care, and advocacy and community resources for consumers and family members. All courses are taught either by peer consumers or family members. *Peer-to-Peer* (P2P) is a recovery curriculum for consumers. The *Family-to-Family Education Program* (F2F) is for family members of mental health consumers.

## **Education for the Public**

Part of NAMI's educational mission is focused on external audiences. *In Our Own Voice* is a structured program that is targeted to various audiences who have an interest in hearing first-hand from mental health consumers about the nature of mental illness and the recovery process. NAMI Kansas has a cadre of trained presenters in various locations around the state.

## **CIT: Crisis Intervention Teams**

The Crisis Intervention Team program represents a special educational focus targeted on law enforcement officers with the objective of diverting mentally ill persons from the criminal justice system. CIT is a local or regional partnership between law enforcement, mental health providers, and consumer and family representatives. Officers go through a 40 hour intensive training program to learn about how to relate to mentally ill persons in crisis with a focus on the safety of the officer and the mental health consumer. CIT builds team relationships within the community so that law enforcement and mental health resources are working together. NAMI Kansas sponsors the annual CIT Summit to bring CIT practitioners together for networking and to help grow CIT statewide.

## **Advocacy**

Multiple levels of advocacy are an ongoing part of the NAMI Kansas program. We respond to individual mental health system complaints on behalf of consumers. We engage in administrative advocacy with public agencies on policy development and implementation. We work within the legislature to speak to issues affecting persons with mental illness including budget allocations for public mental health services. Advocacy extends to maintaining close connections with a broad range of coalition partners.

Revised 1/13/10

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## LOCAL GROUP CONTACT INFORMATION

*Updated 1/23/11*

### NAMI Kansas Affiliates

**NAMI Central Kansas (Salina)** ▪ Contact: Tony Auernheimer ▪ 785-825-4786 ▪ [TAuernheimer@ktron.com](mailto:TAuernheimer@ktron.com)

- 1<sup>st</sup> Tuesday ▪ 7:00-9:00 pm ▪ Central Kansas Foundation ▪ 1805 S. Ohio [Use staff and group entrance, Outpatient Services Building, Group Room 1] ▪ Salina

**NAMI Douglas County** ▪ Contact: Judy Sweets ▪ 785-842-7271 ▪ [nami.dgco@gmail.com](mailto:nami.dgco@gmail.com)

- 3<sup>rd</sup> Wednesday ▪ 7:00 pm ▪ Lawrence Public Library (Gallery Room) ▪ 707 Vermont Street ▪ Lawrence

**NAMI Flint Hills (Manhattan)** ▪ Contact: Paul and Janet Smith ▪ 785-537-0070 ▪ [namiflinthills@nami.org](mailto:namiflinthills@nami.org)

- 3<sup>rd</sup> Wednesday ▪ 7:00 pm ▪ Pawnee Mental Health Services ▪ 1558 Hayes Drive ▪ Manhattan

**NAMI Hays** ▪ Contact: Ann Leiker ▪ 785-625-2847 ▪ [namihays@nami.org](mailto:namihays@nami.org)

- 1<sup>st</sup> Monday ▪ Center for Life Experiences ▪ First Presbyterian Church ▪ 2900 Hall Street ▪ Hays
  - 6:00 pm – Consumer Support Group
  - 7:00 pm – Monthly Meeting
  - 8:00 pm – Family Support Group
- **NAMI On Campus Fort Hays State University** ▪ Jackie Reynolds ▪ 785-624-0214 ▪ [jreynolds@nami.org](mailto:jreynolds@nami.org)
  - Call or e-mail for current meeting schedule and location.

**NAMI Johnson County** ▪ Contact: 913-599-9995 ▪ [namijoco@hotmail.com](mailto:namijoco@hotmail.com) ▪ [www.namijocoks.org](http://www.namijocoks.org)

- 1<sup>st</sup> Tuesday ▪ NAMI meeting and educational program
- NAMI CONNECTION RECOVERY SUPPORT GROUP: 2<sup>nd</sup> & 4<sup>th</sup> Tuesdays ▪ For more information contact Katie Audley at 913-645-4285 or [Katie.nami@yahoo.com](mailto:Katie.nami@yahoo.com)
- Family Support Group meetings ▪ 2<sup>nd</sup> & 4<sup>th</sup> Tuesdays
- All meetings at 7:00 pm ▪ Shawnee Mission Medical Center Life Dynamics Building ▪ 75th & I-35 ▪ Overland Park

**NAMI Kansas City KS** ▪ Contact: Gerald & Illa Jean Ulrich ▪ 913-299-8490 ▪ [gniulrich@yahoo.com](mailto:gniulrich@yahoo.com)

- 2<sup>nd</sup> Monday ▪ 7:00 pm ▪ Trinity Methodist Church ▪ 5010 Parallel Parkway ▪ Kansas City

**NAMI McPherson** ▪ Contact: Beverly Martin ▪ 620-755-4234 ▪ [nami.mcpherson@gmail.com](mailto:nami.mcpherson@gmail.com)

- 1<sup>st</sup> Tuesday ▪ 7:00 pm ▪ Prairie View, 1102 Hospital Drive ▪ McPherson

**NAMI Mid-Kansas (Newton)** ▪ Contact: Florene Wiens ▪ 316-283-5814 ▪ [fdwiens@att.net](mailto:fdwiens@att.net)

- 3<sup>rd</sup> Thursday ▪ 7:00 pm ▪ First Mennonite Church ▪ 429 East 1<sup>st</sup> Street ▪ Newton

Continued on reverse

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**NAMI Northeast Kansas/Leavenworth** ▪ Contact: Suzanne Nelson ▪ 913-682-3967 ▪ [nami-lyn@kc.rr.com](mailto:nami-lyn@kc.rr.com)

- Last Tuesday ▪ 6:30-8:30 pm ▪ Leavenworth Public Library [East Room] ▪ 417 Spruce Street ▪ Leavenworth
- 2<sup>nd</sup> Tuesday ▪ 6:30 pm ▪ Sharing and Caring.
- VETERANS SUPPORT GROUP ▪ Dwight D. Eisenhower Veterans Hospital ▪ 1<sup>st</sup> & 3<sup>rd</sup> Tuesday ▪ 4:00-5:00 pm  
▪ Domiciliary Community Meeting Room ▪ Contact: Chris White ▪ 913-240-8667 ▪ [cjws21st@gmail.com](mailto:cjws21st@gmail.com)

**NAMI Topeka** ▪ Contact: Jo Ann Howley ▪ 785-580-3021 ▪ [namitopeka@yahoo.com](mailto:namitopeka@yahoo.com)

- 2<sup>nd</sup> Tuesday ▪ 6:45 pm ▪ Valeo ▪ 330 SW Oakley ▪ Topeka ▪ Monthly meeting and support group
- 4<sup>th</sup> Tuesday ▪ 7:00-9:00 pm ▪ Classic Bean ▪ 21<sup>st</sup> and Fairlawn ▪ Topeka ▪ “Coffee Club”
- NAMI CONNECTION RECOVERY SUPPORT GROUP: Every Monday except holidays ▪ 6:30-8:00 pm ▪ Topeka-Shawnee County Public Library ▪ 1515 SW 10<sup>th</sup> Ave ▪ Topeka ▪ For more information contact [connectiontopeka@nami.org](mailto:connectiontopeka@nami.org) or 785-233-0755.
- HOARDING SUPPORT GROUP ▪ Contact [namitopeka@yahoo.com](mailto:namitopeka@yahoo.com) for more information.
- VETERANS SUPPORT GROUP ▪ Colmery-O’Neil Veterans Hospital ▪ Contact Timothy Sanders ▪ 785-633-3928 ▪ [timothysanders\\_ordinminister\\_09@yahoo.com](mailto:timothysanders_ordinminister_09@yahoo.com)
- **NAMI Washburn** ▪ Sally Fronsman-Cecil ▪ 785-215-3075 ▪ [otteramie@hotmail.com](mailto:otteramie@hotmail.com) ▪ Call or e-mail for current meeting schedule and location.
- COMMUNITY HELP LINE: 785-608-1317

**NAMI Wichita** ▪ Contact Michael Osterbuhr ▪ 316-686-1373 ▪ [namiwichita@nami.org](mailto:namiwichita@nami.org) ▪ [www.namiwichita.org](http://www.namiwichita.org)

- 1<sup>st</sup> Monday ▪ 7:00 pm ▪ First Presbyterian Church ▪ 525 N. Broadway ▪ Wichita [enter from the parking lot on the west side of the church just off Market Street] -- Educational Program and Affiliate Meeting
- 3<sup>rd</sup> Monday ▪ 6:00-7:00 pm ▪ “Ask the Doctor” & Share and Care Family Support Meeting from 7:00-8:30 pm [same location]
- NAMI CONNECTION RECOVERY SUPPORT GROUP: 2<sup>nd</sup> & 4<sup>th</sup> Thursdays ▪ 1:00-2:30 pm ▪ Project Independence ▪ 310 S. Ida ▪ Wichita ▪ For more information contact [connectionwichita@nami.org](mailto:connectionwichita@nami.org) or call 316-686-1373.

### Support Groups of NAMI Kansas

**Butler County Support Group** ▪ Contact: Stephanie Kirsch ▪ [nami\\_butler\\_ks@yahoo.com](mailto:nami_butler_ks@yahoo.com) or Sandy DeWitt ▪ 316-621-1858

- 1<sup>st</sup> Thursday ▪ 7:00-9:00 pm ▪ Trinity United Methodist Church ▪ 430 Eunice Street ▪ El Dorado

**Emporia Support Group** ▪ Contact: Joanne Smelser ▪ 800-539-2660 ▪ [jsmelsers@nami.org](mailto:jsmelsers@nami.org)

- Call or e-mail for current meeting schedule and location.

**Geary County/Ft. Riley Support Group** ▪ Contact: Randy Conyers ▪ 316-250-8321 ▪ [geary@nami.org](mailto:geary@nami.org)

- Call or e-mail for current meeting schedule and location.

**Pony Express Support Group** ▪ Contact: Annette Wilson ▪ 785-742-2647 ▪ [akwilson1@carsoncomm.com](mailto:akwilson1@carsoncomm.com)

**(Brown, Doniphan, and Nemaha counties)**

- 2<sup>nd</sup> Monday ▪ 6:30 -8:30 pm ▪ First United Methodist Church ▪ 410 Hiawatha Avenue ▪ Hiawatha [use west entrance]

**Southeast Kansas Support Group** ▪ Contact: Jim Larson ▪ 620-230-0339 ▪ [pittsburg@nami.org](mailto:pittsburg@nami.org)

- 2<sup>nd</sup> Monday ▪ 7:00 pm ▪ First Church of the Nazarene ▪ 816 E. Quincy ▪ Pittsburg

610 SW 10<sup>th</sup> Avenue ▪ Suite 203 ▪ PO Box 675 ▪ Topeka, KS 66601

785-233-0755 ▪ 785-233-4804 (FAX) ▪ 800-539-2660

[namikansas@nami.org](mailto:namikansas@nami.org) ▪ [www.namikansas.org](http://www.namikansas.org)



**NAMI**

National Alliance on Mental Illness

# Fact Sheet

October 2007

## Mental Illness: *Facts and Numbers*

**M**illions of Americans are affected by mental illness, yet remain untreated or under-treated for their conditions. Learn the facts about mental illness.

- One in four adults—approximately 57.7 million Americans—experience a mental health disorder in a given year. One in seventeen lives with a serious mental illness, such as schizophrenia, major depression or bipolar disorder<sup>1</sup>, and about one in ten children have a serious mental or emotional disorder.<sup>2</sup>
- About 2.4 million Americans, or 1.1 percent of the adult population, lives with schizophrenia.<sup>1</sup>
- Bipolar disorder affects 5.7 million American adults, approximately 2.6 percent of the adult population per year.<sup>1</sup>
- Major depressive disorder affects 6.7 percent of adults, or about 14.8 million American adults.<sup>1</sup> According to the 2004 World Health Report, this is the leading cause of disability in the U.S. and Canada in ages between 15 to 44.<sup>3</sup>
- Anxiety disorders, which include panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), generalized anxiety disorder, and phobias, affect about 18.1 percent of adults, an estimated 40 million individuals. Anxiety disorders frequently co-occur with depression or addiction disorders.<sup>1</sup>
- An estimated 5.2 million adults have co-occurring mental health and addiction disorders.<sup>4</sup> Of adults using homeless services, thirty-one percent reported having a combination of these conditions.<sup>5</sup>
- Half of all lifetime cases of mental illness begin by age 14, three-quarters by age 24.<sup>6</sup> Despite effective treatments, there are long delays—sometimes decades—between first onset of symptoms and when people seek and receive treatment.<sup>7</sup>
- Fewer than one-third of adults and half of children with a diagnosable mental disorder receive any mental health services in a given year.<sup>2</sup>
- Racial and ethnic minorities are less likely to have access to mental health services and often receive a poorer quality of care.<sup>8</sup>
- In the U.S., the annual economic, indirect cost of mental illnesses is estimated to be \$79 billion. Most of that amount—approximately \$63 billion—reflects the loss of productivity as a result of illnesses.<sup>2</sup>
- Individuals with serious mental illness face an increased risk of having chronic medical conditions.<sup>9</sup> Adults with serious mental illness die 25 years younger than other Americans, largely due to treatable medical conditions.<sup>10</sup>
- Suicide is the eleventh leading cause of death in the U.S., and the third leading cause of death for ages 10 to 24 years. More than 90 percent of those who die by suicide have a diagnosable mental disorder.<sup>11</sup>

*"Simply put, treatment works, if you can get it. But in America today, it is clear that many people living with the most serious and persistent mental illnesses are not provided with the essential treatment they need."*

*Michael J. Fitzpatrick, Executive Director of NAMI National, Grading the States, 2006<sup>12</sup>*

- In July 2007, a nationwide report indicated that male veterans are twice as likely to die by suicide as compared with their civilian peers in the general US population.<sup>13</sup>
- Twenty-four percent of state prisoners and 21 percent of local jail prisoners have a recent history of a mental health disorder.<sup>14</sup> Seventy percent of youth in juvenile justice systems have at least one mental disorder with at least 20 percent experiencing significant functional impairment from a serious mental illness.<sup>15</sup>
- Over 50 percent of students with a mental disorder age 14 and older drop out of high school—the highest dropout rate of any disability group.<sup>16</sup>

♦♦♦

## References

- <sup>1</sup> 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>.
- <sup>2</sup> 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.
- <sup>3</sup> 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>. [Citing 2004 World Health Report Annex Table 3 Burden of disease in DALYs by cause, sex, and mortality stratum in WHO regions, estimates for 2002. Geneva: World Health Organization].
- <sup>4</sup> Substance Abuse and Mental Health Services Administration. (2007, February). National Outcome Measures (NOMs) for Co-Occurring Disorders. [Citing 2005 data from the National Survey on Drug Use and Health (NSDUH)].
- <sup>5</sup> Burt, M. (2001). What will it take to end homelessness? Urban Institute: Washington, D.C., p. 3. Available at [http://www.urban.org/UploadedPDF/end\\_homelessness.pdf](http://www.urban.org/UploadedPDF/end_homelessness.pdf)
- <sup>6</sup> Kessler, R., Berglund, P., Demler, O., Jin, R., Merikangas, & Walters, E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62, June 2005, 593-602.
- <sup>7</sup> Wang, P., Berglund, P., Olfson, M., Pincus, H., Wells, K. & Kessler, R. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62, June 2005, 603-613.
- <sup>8</sup> New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. United States Department of Health and Human Services: Rockville, MD, 2003, pp. 49-50.
- <sup>9</sup> Colton, C.W. & Manderscheid, R.W., (2006, April). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight States. *Preventing Chronic Disease: Public Health Research, Practice, and Policy*, 3(2), 1-14. Available at <http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16539783>.
- <sup>10</sup> Manderscheid, R., Druss, B., & Freeman, E. (2007, August 15). *Data to manage the mortality crisis: Recommendations to the Substance Abuse and Mental Health Services Administration*. Washington, D.C.
- <sup>11</sup> National Institute of Mental Health. Suicide in the U.S.: Statistics and prevention. Available at <http://www.nimh.nih.gov/publicat/harmsway.cfm>.
- <sup>12</sup> National Alliance on Mental Illness. (2006). *Grading the states: A report on America's health care system for serious mental illness*: Arlington, VA.
- <sup>13</sup> Kaplan, M.S., Huguet, N., McFarland, B., & Newsom, J.T. (2007). Suicide among male veterans: A perspective population-based study. *Journal of Epidemiol Community Health*, 61(7), 619-624.
- <sup>14</sup> Glaze, L.E. & James, D.J. (2006, September). *Mental Health Problems of Prison and Jail Inmates*. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics: Washington, D.C.
- <sup>15</sup> Skowrya, K.R. & Cocozza, J.J. (2007) *Blueprint for change*. National Center for Mental Health and Juvenile Justice; Policy Research Associates, Inc. The Office of Juvenile Justice and Delinquency Prevention. Available at <http://www.ncmhjj.com/Blueprint/default.shtml>.
- <sup>16</sup> U.S. Department of Education. *Twenty-third annual report to Congress on the implementation of the Individuals with Disabilities Act*. Washington, D.C., 2006.