Office of the Secretary New England Building 503 South Kansas Avenue Topeka, KS 66603-3404



Phone: (785) 296-4986 Fax: (785) 296-0256 wwwmail@kdads.ks.gov www.kdads.ks.gov

Timothy Keck, Interim Secretary

Sam Brownback, Governor

To: Senate Committee on Assessment and Taxation

From: Kelli Ludlum, KDADS Assistant Secretary

Date: March 15, 2016

Subject: SB 447, Kansas behavioral health programs checkoff

Chairman Donovan and members of the Committee:

I appreciate the opportunity to present testimony in support of SB 447, legislation which creates an income tax checkoff fund to support Kansas behavioral health programs. The checkoff would provide taxpayers an opportunity to voluntarily donate to substance use prevention, mental health awareness and stigma reduction efforts administered by the Kansas Department for Aging and Disability Services (KDADS).

Substance use is the most preventable underlying cause of disease and death in Kansas. In addition to the substantial health impact, few Kansans can claim they are unaffected by substance abuse. From motor vehicle accidents, loss of work and financial consequences, to out-of-home placements disrupting families, the impact of substance use disorders is expansive and staggering.

Mental illness is likewise common. Of approximately 2.8 million Kansas residents, nearly 95,000 adults live with serious mental illness and about 31,000 children are impacted by serious mental health conditions.

SB 447 adds a check-off box to Kansas state individual income tax return forms for donations to behavioral health programs in the state. Funds collected will be used to establish new grant opportunities for community mental health and substance use disorder programs related to awareness, prevention and stigma reduction. Specifically, this behavioral health fund would allow KDADS to implement a discretionary grant program for special projects and initiatives that would:

- Increase education and awareness,
- Implement effective, proven strategies,
- Reduce stigma,
- Prevent addiction, and
- Promote recovery.

The need for such programs is clear. For example, KDADS does not currently have any state funding allocated to suicide prevention. Final U.S. data for 2013 (the most recent year available) showed suicide was the 10th leading cause of death nationally. In Kansas, the suicide rate has been even higher than the national average since 2002. According to the latest measures documented in last month's Kansas Health Statistics Report, the rate of suicide in Kansas (15.7 per 100,000) was 24.6% higher than the national rate. Suicide was responsible for 454 deaths in 2014, up 6.6 percent from the year before and making it the 10th leading cause of death statewide. Moreover, suicide is the 2nd leading cause of death for Kansas youth aged 15 to 24. For each of those young people who died, it is estimated that at least 115 family members, friends, members of their school communities, and others were affected.

Grants from the checkoff fund could also be used to implement new evidence-based programs for special high-risk or under-served populations. Funding could be awarded to target specific populations of interest, including expanding services in rural/frontier areas that often lack adequate resources. Dollars could also be utilized to increase outreach and enhance behavioral health services provided to high-risk populations such as pregnant women, transitional youth, veterans and the homeless.

Additional programming is needed to address emerging and growing trends in behavioral health. An example is new types of substance use disorder treatments for opiates, prescription drugs and heroin. Both nationally and in Kansas, the prevalence of prescription drug use and heroin is increasing. Subsequently, the number of overdoses is increasing at an alarming rate. In 2014, 19 Kansans died from heroin overdose alone. While Kansas is still below the national average, the overdose rate for Kansans between the ages of 20-24 quadrupled from 1999 to 2013. A dedicated focus and additional research on these prevalent drug issues could come from the checkoff grant program.

Furthermore, grant dollars could benefit workforce development. The need to ensure a sufficient, competent workforce is critical. The checkoff fund could help KDADS provide opportunities for continuing education to ensure a cutting-edge behavioral health workforce across the state.

Thank you for the Committee's consideration of SB 447. I appreciate your time and would be pleased to answer any questions you may have about this bill.