



Testimony to Senate Committee on Assessment and Taxation on Senate Bill 447

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Mister Chairman and members of the Committee, my name is Colin Thomasset. I am the Associate Director for the Association of Community Mental Health Centers of Kansas, Inc. The Association appreciates the opportunity to provide testimony in support of Senate Bill 447.

The Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with mental health needs, collectively serving over 127,000 Kansans.

The Association is supportive of Senate Bill 447. We feel that creating a tax checkoff that would enable Kansans to easily contribute money to behavioral health programs is a step in the right direction. Kansas already has the checkoff option for programs such as Kansas nongame wildlife improvement, meals on wheels, breast cancer research, and the arts. We see no reason that mental health or substance use programs should not be included.

Mental illness is a major health issue. In the United States, neuropsychiatric disorders have now surpassed other disorders such as cardiovascular diseases and malignant neoplasms as the number one cause of disability as expressed as disability-adjusted life years.¹ Suicide also remains a significant cause of death and lost productive lives, with 2013 data showing that over 41,000 people died that year from all forms of suicide.²

In reading the bill, one concern we would have is that money would not go towards treatment of behavioral health issues. We feel that this might be an oversight in the bill, as allowable programs involve awareness, prevention, and stigma reduction—all very worthy aspects that can use more money. However, it is also important to note that investing in community-based mental health services directly lowers healthcare costs. Research shows that every dollar spent on treatment saves \$4 in healthcare costs and \$7 in law enforcement and other criminal justice costs.³ Paying for the costs of treating mental illness is unavoidable. Our only decision is how we as a State pay for it. The State can either invest in the public mental health system or pay a greater price through increased psychiatric hospitalization and primary care costs, greater reliance on correctional facilities, homelessness, and other costs to society including lost productivity and suicide.

Thank you for the opportunity to appear before you today.

¹ 2008 statistical data from World Health Organization, Global Health Observatory database, Avenue Appia 20, 1211 Geneva 27, Switzerland.

² Centers for Disease Control and Prevention (CDC). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2013, 2011) National Center for Injury Prevention and Control, CDC (producer). Available from <http://www.cdc.gov/injury/wisqars/index.html>.

³ Etner, S., Huang, D., Evans, E., Ash, D. R., Hardy, M., Jourabchi, M., & Yih-Ing, H. (2006) Benefit-Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment “Pay for Itself”? Health Services Research. 41(1): 192–213. doi: 10.1111/j.1475-6773.2005.00466.x