



Improving Behavioral Health in Douglas County: Before you vote, be informed.

Douglas County is proposing a quarter-cent sales tax that will generate an estimated \$4.9 million annually to help finance and maintain a behavioral health recovery campus including a crisis center, supportive housing and prevention programs.

Here's what you need to know to make an informed decision when you vote.



What is behavioral health?

The term "behavioral health" refers to the prevention and treatment of mental illness, suicide, substance use disorders and other addictions.

On the surface, Douglas County might not appear vulnerable to serious behavioral health risks. The population is predominantly young and educated compared to the rest of the country. The median age of residents is 30. About 95% of the total population 25 and older has graduated high school, and a substantive portion have college degrees or higher. **When looking deeper, however, a number of critical factors create conditions that increase behavioral health risks.** Douglas County is home to many populations who experience discrimination and health disparities. The county has a low median income and is characterized by extreme income inequality, with an inequality index of 5.2 (significantly higher than Kansas' index of 3.7 and the U.S. index of 4.4). Median housing costs in Douglas County are higher than the state average and about 50% of the housing in Douglas County is renter occupied. There is also a sizable homeless population, which grew 20% (296 individuals) from 2013 to 2015. With a rise in inequity both nationally and locally, individuals with mental illness are more likely to be in poverty and lack quality health care. **The confluence of these factors creates significant challenges for addressing mental illness and substance abuse disorders.**

Nearly 1 in 4 Number of Douglas County residents diagnosed with a depressive disorder

#2 Rank of suicide as one of the leading causes of death for Douglas County residents ages 18-44

About 7.7% Percentage of Douglas County residents who meet the criteria for being heavy drinkers

14 Age by which one-half of all lifetime mental illnesses begin

About 3,900 The number of visits in LMH Health's Emergency Department that involved a behavioral health issue in 2017

224 Average number of monthly calls from Douglas County residents to the local suicide prevention hotline

0 Amount of Medicaid expansion in Kansas, leaving thousands in our county with severely reduced access to mental health treatment and substance abuse services

Understanding the Needs

Substance abuse is the most preventable underlying cause of disease and death in Kansas.¹

Millions of people around the United States struggle with substance abuse. A state report summary from the Kansas Department of Health and Environment reports that between 2005-2009, total drug poisoning deaths increased by 16% in the state. The Behavioral Risk Factor Surveillance System data for Douglas County suggest about 7.7% of residents meet definitions for being “heavy drinkers.” Of people age 18-25 years-old in the state, 20.7% meet the criteria for alcohol dependence or abuse. A 2016 study of Kansas’ youth reveals that drug overdose and death rates have quadrupled in the state over the past 12 years. In Douglas County, evidence suggests substance abuse may be an increasing issue. Despite low mortality attributable to illicit use, some data suggest that 9.1% of Kansas youth aged 12-17 reported having used illicit drugs during the prior month.² Over a three-month period in 2017 (July to September 2017), 17,736 prescriptions for opioids were provided to Douglas County residents.³ Additionally, findings from the Community Health Assessment (2017) reveal growing evidence of opioid use and overdose. In order to effectively improve behavioral health, understanding substance abuse and suicide in our state is important.

Serious mental illness is a serious problem.

The percentage of people who report diagnosis of depressive disorder in Douglas County is 23.2%. The percentage of adults (age 18 and older) in Kansas who have been diagnosed with a serious mental illness (SMI) is 4.1%. For young adults (ages 18-25), it is 5.0%. A younger population in Douglas County highlights the importance of addressing behavioral health, as younger adults face a higher incidence of mental health issues in Kansas. Using these data, estimates suggest 3,868 adults in Douglas County may have a SMI. Considering 5% of 18 to 25-year-olds have serious mental illness, this may affect about 1,425 Douglas County residents ages 18-25. In addition, according to a report prepared for Douglas County in 2015, 18% of Douglas County jail bookings included individuals with serious mental illness. There are significant racial and ethnic disparities, as well as longer lengths of stay for those with serious mental illness.

Suicide affects survivors, their families and the community.

Mental health issues are a key component of factors contributing to suicide. According to the Centers for Disease Control and Prevention, more than 45,000 people in the U.S. died by suicide in 2016. In Douglas County, the age-adjusted mortality rate is 16.3 per 100,000 population—higher than the Healthy People 2020 goal of 10.2 suicide deaths per 100,000 population.⁴ The highest percentage of suicide deaths are found in individuals ages 25-64. Also, suicide is the second leading cause of death for 18-44 year olds in Douglas County. African Americans have the lowest suicide rate, while Hispanics have the second lowest rate in the state. The exception to that is children; there is a higher suicide rate among African American children under the age of 12 compared to white children. In addition to rates of completed suicides, data suggest 3.9% of adults age 18 or older have had serious thoughts of suicide in the previous year.⁵

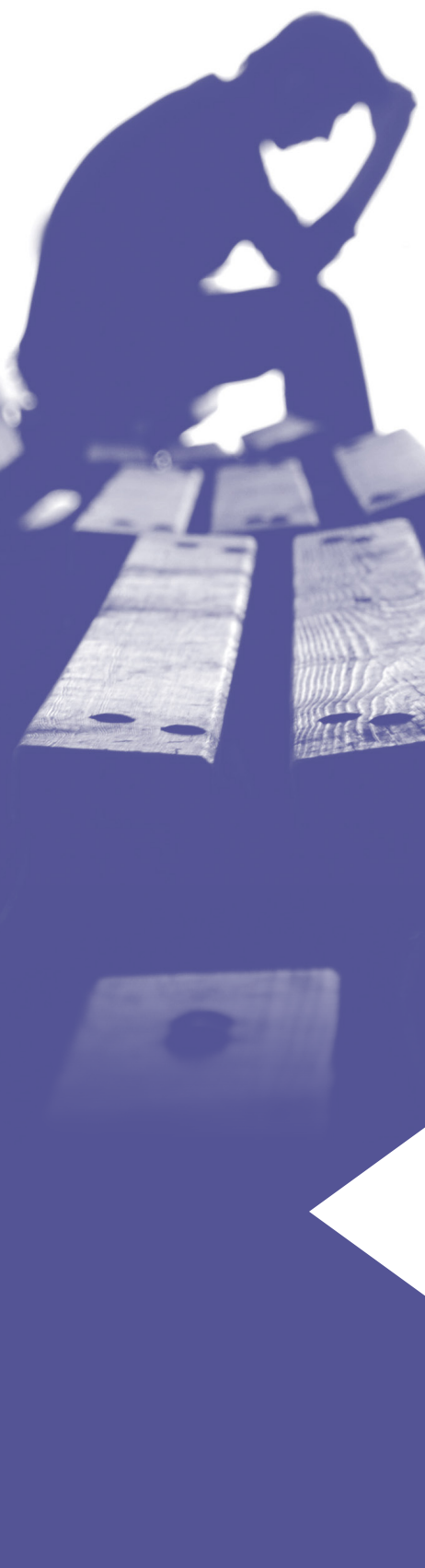
¹ Kansas Substance Abuse Epidemiological Indicators Profile

² SAMHSA, Center for Behavioral Health Statistics, 2015

³ Kansas Department of Health and Environment, 2017

⁴ Oakley and Crawford, 2017

⁵ SAMHSA, Center for Behavioral Health Statistics and Quality, 2015



Rising to the Challenge

A quarter of a cent goes a long way.

The proposed quarter-cent sales tax is estimated to generate **\$4.9 million** annually. That money would help finance safe and secure housing for people suffering with mental illness and substance use disorders—as well as expanded recovery services and prevention programs. Specifically, here's where the money would go:

Did You Know

Between 25 and 30% of sales tax revenue comes from outside our county by way of visitors, tourism, and KU students.

Integrate Crisis Stabilization and Supportive Housing on a Recovery Campus

24-hour crisis stabilization center

Medication-assisted detox and substance abuse services

Short-term respite care staffed by behavioral health specialists

Three tiers of supportive housing adjacent to the crisis center and at DCCA First Step

Expanded Intervention, Recovery, and Prevention Strategies

Expand mobile response

Improve access to psychiatry, care coordination, and outpatient services

Expand WRAP* to include schools in Baldwin, Eudora, and Lecompton

Implement nationally-recognized Zero Suicide initiative

Convene an opioid crisis summit in Douglas County

** WRAP, or Working to Recognize Alternative Possibilities, is a social and emotional intervention program in the Douglas County Schools from the Bert Nash Community Mental Health Center*

An Integrated System of Care

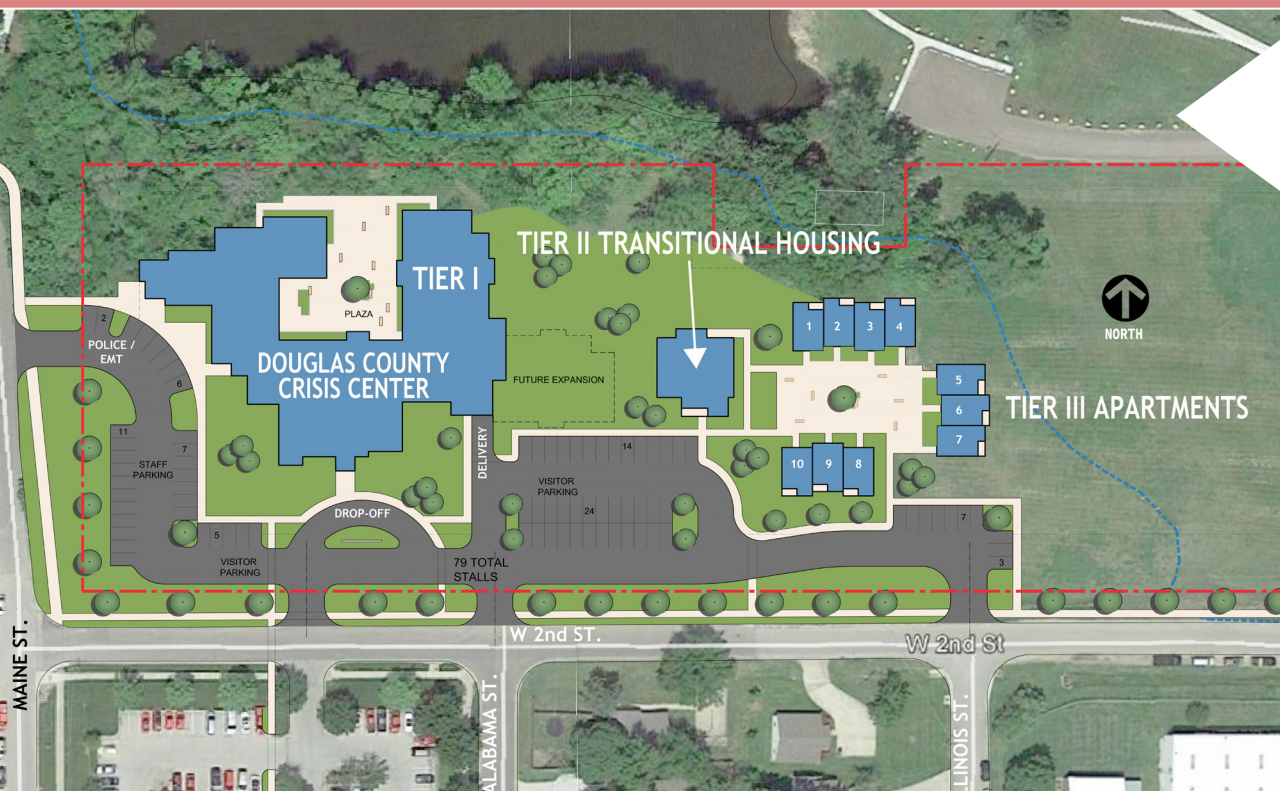
Site Plan:

Douglas County Recovery Campus (to be located on W. 2nd St. between Maine and Illinois Streets)

Credit: TreanorHL

Did You Know

The most basic of needs, like affordable and safe housing, are often key to someone's recovery.



Working Together to Find the Right Solutions

A coalition for prevention, intervention and recovery.

The Behavioral Health Leadership Coalition is composed of community leaders and subject matter experts from nine Douglas County agencies. The Coalition is collaborating with the Douglas County Commission to implement an expanded behavioral health system focused on the needs of individuals with mental illness and substance use disorders. Working together they have created a plan to build an integrated system of care that moves from crisis and illness as a norm to recovery and prevention as a practice. The result is a proposed recovery campus and expanded network of recovery services and prevention programs.

