February 14, 2022

RE: **Proponent Testimony HB 2281**

Chairperson Landwehr and members of the Health and Human Services Committee:

Thank you for your continued commitment to addressing the need for increased access to crisis mental health and suicide prevention services in Kansas; I appreciate the opportunity to provide information 988 and crisis counseling resource. My organization, the Kansas Suicide Prevention Headquarters (KSPRC), is located in Lawrence, KS. We are a suicide prevention resource center and one of three National Suicide Prevention Lifeline call centers operating for Kansas. We provide first line coverage for the 103 counties in Kansas and backup coverage to Johnson and Sedgwick counties.

Unfortunately the trend in Kansas is clear, suicide deaths are rising for all age groups. This problem is especially pronounced for our youth. A recent statistical analysis by the Kansas Department of Health and Environment showed youth age 12-17 had a significant increase in suicide related emergency departments in 2021 compared to 2019. In fact, the comparison of winter time ED visits showed a 68% increase from 2019 to 2021.

It has become apparent the people of Kansas are reaching out to crisis hotlines services more and more. Four years ago, I was sounding an alarm that the infrastructure for answering these calls in Kansas was floundering. While there was a **59% increase** in calls from Kansans to NSPL from 2016-2020, the systems lacked the resources and partnerships to answer all of those calls. Fortunately, the state through the Kansas Department of Aging and Disability Services made an investment in the National Suicide Prevention Lifeline which has led to an increase in the number of calls from Kansans by in-state, local crisis contact centers like mine. This grant enabled us to increase our volunteer and paid counseling staff hours in the call room, expand our training program and overcome challenges presented by the pandemic.

As we approach July 16th, it is imperative that as a state we continue to invest in the ability of our mental health system to respond to all types of mental health crisis calls on 988. This requires that gains in staffing levels, advances in technology and improvements in training be sustained with a reliable funding source like the phone fee outlined in HB 2281. Public Law 116-172, the National Suicide Hotline Designation Act of 2020, authorizes state governments to establish a fee to be held in a designated of support of 988 services. Use of the funds should be utilized for:

(1) ensuring the efficient and effective routing of calls made to the 988 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and
(2) personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 988 national suicide prevention and mental health crisis hotline.

We believe that 988 offers the following opportunities when adequately funded.

- Meet the growing demand for crisis hotline services from the people of Kansas.
- Increase the immediate safety of those who call the hotline. A 2007 study published in *Suicide and Life-Threatening Behavior* showed 56% of callers to suicide hotlines no longer feel suicidal after calling.
- Reduce the need for law enforcement to respond to mental health crisis calls and the number of people who will need to wait in emergency departments to have their mental health needs met. According to crisis contact center accrediting organizations, local centers resolve 90% of immediate crises via phone or chat.

- Reduce the utilization of 911 by callers who are experiencing a mental health crisis and do not require law enforcement or EMS response. The 988 Coalition, including state agency partners, are currently working with the 911 Coordinating Council to develop a pilot 911 to 988 call transfer program informed by the learning for other areas of the country where this system is already deployed.

Sincerely,

Monica Kurz

Vice President for External Programming

KSPHQ