



**American
Foundation
for Suicide
Prevention**

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RE: Support HB 2281 – Funding for 988 Implementation & Statewide Crisis Services

Chairwoman Landwehr and Committee Members:

Thank you for the opportunity to share testimony in support of HB 2281, which would fund and put in place the state infrastructure necessary to implement 988 and support a continuum of crises response services across Kansas. My name is Barb Mares and I am the Area Director for the Greater Kansas Chapter of the American Foundation for Suicide Prevention (AFSP).

AFSP is the leading national not-for-profit organization exclusively dedicated to saving lives and bringing hope to those affected by suicide; our local Greater Kansas Chapter carries out this mission across the state through research, education, advocacy, and support.

In 2019, we lost 523 Kansas residents to suicide. That same year, suicide was the 2nd leading cause of death for youth, teens, and adults ages 10-44 and the 10th leading cause of death overall. To prevent suicide, we need to identify persons at risk and take an active role in connecting them to help before they reach the point of a suicidal crisis.

While the factors leading an individual to attempt suicide are complex, many of the impacts of COVID-19 are associated with increased risk of suicide including social disconnection, anxiety, depression, substance use, loss, grief, and lack of access to physical and mental health care. We don't yet know what impact the pandemic might have on suicide rates, but there could be increases in suicide risk if community cohesion diminishes and if less attention is paid to intentional social connections, proactive resilience and mental health self-care, and the importance at key times of engaging mental health treatment.

Mental health and suicide prevention must be included in pandemic response initiatives. Suicide prevention efforts must double down, stay the course, and scale up. In these challenging times, states must decide how to spend limited budget dollars and allocate scarce resources. To have the greatest impact on improving mental health and preventing suicide, statewide crisis services should be a primary focus of current and future investments.

The federal National Suicide Hotline Designation Act became law in October of 2020, designating 988 as "the universal telephone number for reaching a national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline (Lifeline)" and replacing the current 10-digit number (800-273-TALK).

In 2020, the Lifeline received over 2.6 million calls, chats, and texts. The three-digit 988 number is easier to remember and the transition, which must be complete by July 2022, will include efforts to publicize the new number and encourage individuals in crisis to call. The resulting higher call volumes will require more



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trained personnel to answer the phones, mental health professionals to do the training and supervise shifts, and advanced infrastructure upgrades.

State support for and investment in crisis support systems and call centers within the National Suicide Prevention Lifeline network is critical. While the Lifeline is a national program, federal funding is minimal for each center and largely goes toward managing call routing, best practice standards, public messaging, and technical assistance. Local crisis centers therefore rely on funding from state and local contributors to operate and grow.

When in-state call centers are unable to answer calls to the Lifeline, callers get re-routed to other centers out-of-state and into the Lifeline's National Backup Network. This can result in longer wait times and fewer linkages to effective local care. In contrast, in-state crisis centers connect callers to local counselors who are familiar with the community and better equipped to provide culturally competent support and referrals to local community resources and other lifesaving follow-up care.

Crisis call volume is projected to increase significantly in the coming months as Kansas residents continue to face stressors related to the COVID-19 pandemic and as centers nationwide prepare for the transition to the new 988 number for the Lifeline. In-state crisis centers will not be able to meet increased demand without more and sustained state investment in their services.

The Designation Act included language allowing each state to pass their own legislation funding 988 and their local in-state crisis call centers the same way as 911, through state-managed monthly customer service fees. It is critical that appropriate funding for the Lifeline network, individual crisis centers, and the crisis continuum be allocated to serve more people in crisis. In 2018, fees for 911 generated \$2.6 billion to support that service; similar investment must be made for mental health and substance use crises. Fee revenue should supplement, not supplant, funding from diverse federal, state, and local sources.

A 988 crisis services system that is effectively resourced and promoted will reduce healthcare spending with early intervention, reduce the burden on emergency rooms and law enforcement, and support improved outcomes for individuals experiencing a mental health or suicidal crisis.

HB 2281 will ensure a robust crisis response infrastructure is in place across Kansas and local call centers are adequately staffed and resourced by the time 988 is available nationwide by:

- Establishing the 988 suicide prevention and mental health crisis hotline fund and implementing a 988 fee strictly for crisis center and service provider expenses; the 50 cent monthly fee would be added to residents' telephone service accounts and service providers would be responsible for collecting the fees and remitting them to the established fund.
- Charging the Kansas Department for Aging and Disability Services with primary oversight of the state's crisis service system and other suicide prevention activities, including the designation of a hotline center or network of centers to provide 24/7 crisis intervention services and care coordination.
- Requiring the hotline centers to establish an agreement with the Lifeline to participate in its network and to meet the Lifeline's training requirements for call center staff.
- Calling for use of and coordination between crisis call centers and mobile crisis response teams, crisis receiving and stabilization services, and other community-based care providers.



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- Requiring the Department to report annually on hotline usage and services referred and provided.

Connecting individuals with mental health services and resources is a vital component in suicide prevention. By offering immediate help to everyone that may need it, crisis call centers provide invaluable support at critical times and connect individuals to services that can save lives. Well-resourced crisis support systems can reduce gaps in public health and emergency systems and provide increased access to mental health care for individuals at risk and underserved populations who might not otherwise be able to connect with a trained mental health professional. We must ensure that callers in Kansas can continue to access this lifesaving care as we continue to recover from the COVID-19 pandemic and prepare for nationwide implementation of 988 in July 2022.

Members of the House Health & Human Services Committee, we all have a role to play in preventing suicide, and with your support, passage of this legislation will affirm the state's commitment to improving the lives of Kansas' residents and their loved ones and to preventing the tragic loss of life to suicide in the future. The AFSP Greater Kansas Chapter is grateful for your consideration of HB 2218 and for working with your colleagues to address the suicide rate in Kansas. We look forward to working with you and your colleagues on suicide prevention efforts moving forward. Please feel free to contact me with any questions or if you would like additional information. Thank you.