

Support Additional Funding for Suicide Prevention

Position: Increase state funding to improve the statewide response to growing suicide rate by increasing financial support for suicide crisis phone line services and creating a full-time suicide prevention coordinator position.

The Problem: According to the CDC, Kansas suicide deaths have increased 45% from 1999 to 2016. In the last three years, the statewide crisis center providing services to all Kansans on the National Suicide Prevention Lifeline (NSPL), has seen a 45% increase in calls. Statewide answer rates for NSPL calls originating in Kansas have fallen from 82% to 66% in the last 24 months. This is problematic since SAMHSA suicide prevention grants require an in-state answer rate of at least 70%. NSPL services are an effective part of the crisis safety net for providing lifesaving interventions. In fact, a 2010 study published in *Suicide & Life-Threatening Behavior* indicated half of the crisis callers have a plan for suicide. Of the eight percent of these callers who have already taken steps to attempt suicide, 56.8% said they no longer had suicidal ideation after calling.

Why This Matters: Kansas Health Institute reported suicide disproportionately affects rural and frontier counties. Kansas' overall suicide rate is 17.8 per 100,000, which is significantly higher than the national rate. Rural and frontier counties have a rate of 22.0 and 25.9 per 100,000, respectively. Frontier county residents not only have the highest suicide rate and experience challenges in accessing traditional mental health care, but also account for the smallest percentage of suicide hotline callers. Nationally, the rate of Native American suicides is rising, but there is no current way to reliably measure Native American suicides in Kansas. Youth suicide is also on the rise; the Kansas Communities That Care Survey shows the number of students who thought about, planned, or attempted suicide has risen over the past three years. The rise in suicide across the state geographically and demographically show suicide is not a problem which can be ignored and which requires more robust crisis services.

Bottom line: Properly funding suicide hotlines saves lives. SAMHSA found, 80% of people who received follow-up calls from a NSPL-affiliated call center felt that the call helped keep them alive. With suicide calls increasing in Kansas, more funding is needed to increase capacity for NSPL services. Kansas' suicide hotlines face not just increased utilization, but also a need to expand accessibility to rural/frontier residents with technology upgrades such as text service. With a clear need to further study the needs of

Telling more of the story

Suicide is a public health problem which requires a strong network of life-sustaining activities. Crisis services like those provided by Headquarters, Inc., Kansas' only statewide suicide prevention center, link those in a suicidal crisis to long-term mental health support and avenues for community connection. Due to the interconnected nature of effective suicide prevention services, it is necessary to have a full-time statewide suicide prevention coordinator who can work to link and strengthen existing efforts.

When the NSPL is contacted, the caller is directed to a nationally accredited center serving their state. This allows the caller to speak to a counselor who is knowledgeable about local resources. If the local center is busy, callers are directed to a bordering state. If those call lines are busy the caller is placed on a national backup queue, which greatly lengthens wait times during a crisis. Arkansas recently went two years without a nationally accredited NSPL center. Callers reported experiences of being sent to voicemails while trying to access crisis services. Arkansas now has a grant funded line, and anticipates spending \$480,000 annually when the grant expires. Oklahoma's main call center receives about the same amount of calls as Headquarters, Inc. and receives \$615,000 in public funding.

Headquarters, Inc., the only entity answering the NSPL statewide, provides free counseling services at a low overhead cost with highly trained volunteer counselors. Although Kansas has experienced a 45% increase in calls, the number of counselors has remained the same for the last several years due to flattening financial resources. In part this was due to federal GLS funding not being replaced by the state. In the last 5 years, Kansas has only added one additional call center for the NSPL at COMCARE which serves Wichita residents exclusively. 86% of the calls to the NSPL from Kansas are routed to Headquarters, Inc. Two CMHC's provide in-house, after hours lines. And one contractor provides non-NSPL affiliated, after-hours services to the rest of the state Community Mental Health Centers.

We support any effort to increase funding for crisis call centers and to hire a full-time suicide prevention coordinator to help increase accessibility for suicide intervention services.

To give every suicidal Kansan the proper care they deserve, we ask for \$500,000 to be spent on our crisis centers in order to meet the increasing demand for phone based crisis services. In addition to the \$500,000 expenditure on crisis services, funding a full-time suicide prevention coordinator would ensure Kansas has the personnel resources to track ongoing suicide prevention efforts, make recommendations for improving efforts across the lifespan, and to seek additional funding sources for suicide prevention.