

# KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illnesses

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## Testimony presented to the Kansas Department for Aging and Disability Services

Thank you for the opportunity provide recommendations on behalf of the Kansas Mental Health Coalition (KMHC) for the budget recommendations of the Department for Aging and Disability Services and Department for Children and Families.

The Coalition commends the Department for the leadership and initiative you have put forth to fulfill many of the recommendations of the Legislative Mental Health Task Force and the Legislative Mental Health Modernization and Reform Committee. While there is a lot more to do, these actions represent a system-wide strategy to address mental health and addictions problems in our state.

Thank you for your work to make the most of the federal aid provided to Kansas during the COVID-19 pandemic. Providers need access to federal relief funds to employ more clinicians and direct service workers to prop up the behavioral health workforce in almost all fields. There are many facilities in our state that could serve more people if they could hire employees.

*State Hospitals:* The Coalition is eager to see the full implementation of the initiative to end the moratorium on admissions at Osawatomie State Hospital.

*CCBHC Implementation:* The Coalition supports active collaboration between KDADS, KDHE and the CMHCs to effectively certify CCBHCs in as many communities as possible.

*Housing and Crisis Services:* The Coalition supports additional housing initiatives across agencies. Please continue to invest in more robust crisis services in additional counties for adults and youth.

*Addictions Treatment:* Kansas must improve access to addictions treatment and respond to the increases in substance abuse and overdoses that have occurred with the pandemic.

### **Support for 988 Rollout and the Core Behavioral Health Crisis System Services Act Statement:**

The National Suicide Hotline Designation Act of 2020 (S. 2661) created 988, a 3-digit mental health crisis line. State agencies, mental health providers and policy makers must prepare our state for the transition to 988 to deliver high-quality, timely and appropriate crisis services for Kansans in every community in our state. Please recommend funding to fully implement 988 as a functional statewide crisis response system.

*The problem:* All telecommunications carriers have until July 16, 2022 to enable 988 calls to be routed to the National Suicide Prevention Lifeline Network. Some carriers are already routing. Vibrant Emotional Health, the administrator of the Lifeline, projects the Lifeline's call volume will increase between threefold and eightfold by the fifth year of full 988 implementation. The increase is expected to come from four sources: increased awareness of the resource; diversion from local or regional crisis numbers; callers who have historically called 911 choosing instead to contact a mental health emergency number; and new users. This is a historic overhaul of the mental health system, much like the creation of 911 modernized the way state and local governments manage fire, crime, and medical emergencies. A simple, 3- digit phone number will allow Kansans to instantly receive a 24/7 mental health and suicidal crisis response, which will greatly improve accessibility to high-quality mental health care.

The unprecedented increase in people using the evidence-based Lifeline, as well as an increase in law enforcement calls shifting to the Lifeline, will greatly increase operating expenses over those experienced by the current suicide lifelines. The Special Committee on Mental Health Modernization and Reform prioritized an adequately funded and thoughtfully planned rollout for 988 in Kansas. Now is the time to identify a robust and stable funding stream for suicide prevention and crisis services.

988 can be the response Kansas needs if it is well planned and funded. Kansas must upgrade our mental health crisis response network. Every suicide death is one more reminder that we cannot wait.

The first point of access to mental health services for many people with suicidal thoughts is the Lifeline Network, which will respond to all 988 calls. When the Lifeline is contacted, the caller is directed to a nationally accredited center in their state. This allows the caller to speak to a highly trained counselor who is knowledgeable about local resources. If the local center is busy, calls are directed to another call center in the state. If those call lines are busy the call is sent to a national backup queue, which greatly lengthens wait times for people in severe crisis. It is vital suicidal Kansans receive access to hotlines, which research indicates is a highly effective service.

A 2007 study published in *Suicide & Life-Threatening Behavior* indicated more than half of people who call crisis lines have a plan for suicide. Fifty-six percent of suicidal callers report no longer feeling suicidal after their contact with a crisis phone counselor. Crisis lines can divert people in a mental health crisis from law enforcement contact. Crisis services and law enforcement often work together to redirect mental health calls away from law enforcement and to services which can provide support and treatment. Lifeline centers can often reduce the workload of law enforcement, even in municipalities that do not have mobile crisis teams. With an adequately funded Lifeline program, local law enforcement agencies can divert calls that are not relevant to law enforcement to the Lifeline.

The National Suicide Hotline Designation Act includes provisions for states to fund Mobile Response Teams which are a powerful tool in de-escalating crisis and establishing connections with longer term behavioral health care.

To ensure Kansas' Lifeline centers are adequately staffed for this historic overhaul of mental health services, a funding stream must be identified. Kansas' only statewide Lifeline call center currently relies on grants, individual donors, and faith-based organizations to fund its crisis line. This current model will not be able to keep up with the statewide demand when suicide and mental health crisis calls increase by between 50,000 to 132,000. A sustainable Lifeline call center needs public funding to ensure anyone in a mental health or suicidal crisis has access to free, 24/7 care--just like a firehouse or hospital must be adequately staffed to respond to emergencies at all times.

The Kansas Legislature's Special Committee on Mental Health Modernization and Reform has recognized that an increase in accessibility for mental health services needs new sources of revenue at a state level. Please lead the way by recommending a path forward through the agency budget.

These recommendations reflect the consensus priorities of the Kansas Mental Health Coalition and the recommendations of the Mental Health Task Force Report. The Kansas Mental Health Coalition appreciates the leadership at the Kansas Department on Aging and Disability Services and their ongoing communication with our Coalition members. We stand ready to collaborate with the agency to improve Kansas behavioral health care and promote agency priorities.

Thank you for your consideration.

**For More Information, Contact:**

Amy A. Campbell, Lobbyist and Coordinator  
Kansas Mental Health Coalition  
PO Box 4744, Topeka, KS 66604  
[Campbell525@sbcglobal.net](mailto:Campbell525@sbcglobal.net) 785-969-1617