



Support for 988 Rollout and the Core Behavioral Health Crisis System Services Act

Statement: Sen. Jerry Moran stood up for Kansans' mental health with the passage of the National Suicide Hotline Designation Act of 2020 (S. 2661). This bill 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 in order to deliver high-quality, timely and appropriate crisis services for Kansans in every community in our state.

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 free, 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. 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.

Why this matters: Suicide is on the rise. KDHE's annual vital statistics report shows that the suicide death rate increased by 15 percent between 2014 and 2019. Children are particularly vulnerable. The 2020 Kansas Child Death Review report shows the youth suicide death rate has increased 63 percent, from 2.03 per 100,000 in 2009-2013 to 3.38 per 100,000 in 2014-2018. Suicide is preventable when Kansans have access to free, 24/7, evidence-based crisis services. Additionally, COVID-19 has placed an unimaginable burden on the immediate and long-term mental health of Kansans. 988 can be the response Kansas needs if it is well planned and funded.

The bottom line: Kansas must upgrade our mental health crisis response network. Every suicide death is one more reminder that we cannot wait. Our legislature must champion a successful transition to 988. This will be the most transformative modernization in mental health services in Kansas in recent memory.



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Telling More of the Story

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 coming in contact with law enforcement. Sedgwick County directs Lifeline calls when necessary to a team of behavioral health professionals that respond to people in mental health crises, which is known as a Mobile Response Team. 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. Vibrant Emotional Health projects up to eight percent of all 911 calls are mental health-related. Additionally, the National Suicide Hotline Designation Act includes provisions for states to fund expansion of Mobile Response Teams which are a powerful tool in de-escalating crisis and establishing connections with longer term behavioral health care.

In summary, the Kansas legislature must adopt legislation supporting a Core Behavioral Health Crisis Services System.

To ensure Kansas' Lifeline centers are adequately staffed for this historic overhaul of mental health services, legislation with a funding stream must be adopted.

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 prevent emergencies at all times. The Kansas legislature's Special

Committee on Mental Health Modernization and reform has recognized, like Sen. Moran, that an increase in accessibility for mental health services needs new sources of revenue at a state level.

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