

KANSAS MENTAL HEALTH COALITION

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

Testimony in Support of HB 2281 House Energy Utilities and Telecommunications Committee

March 10, 2022

988 – National Suicide Hotline Designation Act of 2020: Sen. Jerry Moran was a key supporter of the passage of the National Suicide Hotline Designation Act of 2020 (S. 2661). This bill created 988, a 3-digit mental health crisis line. 988 will be a crucial tool to link people with crisis response, reducing the burden on local law enforcement, emergency rooms, jails and state hospitals. The legislation recognizes that our 911 system does not offer the trained response that families need when a behavioral health crisis occurs – sometimes even resulting in tragedy. However, the federal legislation did not fund the implementation – so states must create their own funding source.

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. 988 begins July 16, 2022 whether or not we are ready.

Converting and expanding our current National Suicide Prevention Lifeline to a fully functional front door to behavioral health crisis response in Kansas will fill one of the most glaring gaps in our current continuum of care. Families tell us they need somewhere to call when a crisis occurs for themselves or their loved ones – a link to a live voice who can help to deescalate the situation or link them to appropriate interventions and resources. Frankly, many are afraid to call 911 because they fear the appearance of law enforcement officers could escalate the situation. The Legislative Mental Health Task Force Reports and the Mental Health Modernization and Reform Committee Reports endorse a universal crisis response line.

Utilization of crisis call centers has been on the rise across the state of Kansas for the last five years. Calls from Kansans to the National Suicide Prevention Lifeline have risen 65% in this time. Johnson County Mental Health Center also reports a 64% increase in calls to their county crisis line from 2016-2021. The trend is clear; **more and more Kansans are turning to crisis call centers when they need help de-escalating a crisis or getting connected to longer term support.** 988 can be the solution Kansas needs if it is well planned and funded – linking individuals and families to people with the right training to help.

This is an important step as Kansas modernizes our behavioral health system moving beyond the years of stagnation. Kansas has expanded access to crisis stabilization services in specific communities, but the majority of Kansas cities and counties do not have these programs. Crisis Intervention Training for law enforcement has been expanded – but most calls can be addressed without law enforcement if linked with call center staff who are trained for appropriate screening, de-escalation and referral.

Kansas should adopt sustainable funding for this statewide network. The federal 988 legislation created an expectation that states will pass legislation creating telecommunications “user fees,” a small monthly fee on cell phone and landline bills, to support 988. This fee would help cover call center operations and associated crisis response services – similar to the 911 system.

The Pew Charitable Trusts commissioned a report from the Technical Assistance Collaborative (TAC)—a Boston-based nonprofit that develops policy solutions for communities dealing with housing, mental health, substance use, and other issues—to give policymakers a comprehensive framework to ensure that the 988 system is effective. The report’s authors recommend:

- **Systems-level planning.** Diverse stakeholders within and beyond state agencies should be involved in planning each 988 system, including people who have used the suicide prevention lifeline, mental health counselors, 911 administrators, and law enforcement. Listening to a variety of voices will ensure that 988 works as well as possible for everyone, regardless of who or where people are or why they are calling.
- **Coordination with crisis responders and care providers.** 988 staff must be trained and have the technology and relationships to communicate with 911 (and vice versa). They also must be able to connect with “upstream” services such as mobile crisis teams, outpatient treatment centers, intensive in-home care, and housing providers who can offer on-the-ground support immediately and over the longer term.
- **Sustainable financing.** To pay for 988, local call centers, and the support services that callers may need after they hang up, states should diversify the funding sources—looking at the use of telecommunications surcharges, Medicaid reimbursements, and federal block grants, for example.
- **Marketing and communications.** When 988 is operational, states must invest in communications that educate residents about the new number, including its text and chat options.
- **Evaluation.** States will need to evaluate their 988 systems regularly to ensure that they continue to be funded appropriately and managed effectively, perhaps via partnerships with a state academic institution or center of excellence.

As many states were in the midst of contending with the COVID-19 pandemic, political gridlock, tight budgets, environmental catastrophes, and other priorities, it is understandable why only nine had enacted legislation to implement 988 prior to October 2021. Most states are on the same time frame.

Kansas did receive a federal planning grant and worked to meet the requirements for 988 system planning, issuing a report December 20, 2021, setting out the strategic plan for Kansas 988. The Core Areas / priorities for that report are:

- **Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts**
- **Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers**
- **Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume**
- **Support Crisis Centers in Meeting Lifeline’s Operational Standards, Requirements, and Performance Metrics**
- **Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation**
- **Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services**
- **Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters**
- **Plan and Implement Marketing for 988 in Your State/Territory**

The Kansas Mental Health Coalition supports a sustainable funding source for the 988 crisis system. The funding estimate that resulted in the 20 cent per line negotiated fee is based on the strategic planning that has already taken place but would still need state general fund support. The key priorities are to improve the in-state call answer rate, provide de-escalation and connection / follow-up with the most appropriate supports and services, and, in some cases dispatch crisis teams.

The 50 cent per line fee in the original legislation was based on the estimated costs associated with ongoing implementation of the necessary services and training associated with the deployment of the 988 crisis hotline and delineated treatment and crisis services with minimum service gaps across the state.

Wherever the Legislature decides to find these resources, we urge you to consider the benefit of a sustainable funding source that provides a reliable future for the program. With that in place, 988 will be transformational.

Please support a robust properly funded 988 crisis line in Kansas. And thank you to the legislators and the staff at KDADS that have tirelessly pursued this initiative.

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