

## 988 Crisis Hotline and Suicide Prevention

**Position:** The implementation of the 988 Suicide & Crisis Lifeline, a three-digit mental health and suicide crisis line, requires sufficient and reliable funding to ensure crisis services including crisis hotlines and mobile mental health crisis response teams are available to all Kansans. In 2022, the legislature invested 10 million dollars from the General Fund in 988 Suicide Prevention and Mental Health Crisis Hotline Fund with the passage of SB 19. This investment has led to increased staffing levels, more crisis calls answered in Kansas, and greater accessibility of crisis text and chat support.

**The problem:** Suicide is on the rise. According to data compiled by the Centers for Disease Control and Prevention, Kansas suicides have increased by 70% from 2000 and 2018. The highest rates of suicide deaths are found in our rural and frontier Kansas counties. Youth continue to be highly vulnerable, with a 78% increase in emergency department visits rate due to thoughts of suicide, and a 34% increase due to suicide attempts, in 2021 compared to 2016, according to the Kansas Department of Health & Environment.

**Why this matters:** Utilization of crisis contact centers has been on the rise across the state of Kansas for the last five years. Calls from Kansans to the 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 contact centers when they need help de-escalating a crisis or getting connected to longer term support.** 988 has created an easier to remember—more accessible—service which has resulted in a 39% average increase in calls from Kansans since implementation, with a 54% spike in August 2022.

The funding from SB 19 has supported the education of nearly 2,000 professionals on 988 functionality and its ongoing implementation in Kansas. It has also increased capacity for caller support and staff development by enhancing agencies' infrastructure and ability to collaborate with other public safety and community behavioral health organizations. This has resulted in more outpatient service referrals for high-risk callers, an answer rate increase from an average of 77% to a monthly rate of 91%, efficient coordination between 911 and 988 services through established interagency workgroups, and increased support for developing mobile response crisis teams across Kansas. It has also built capacity through infrastructure and staff development, and increased agencies' ability to collaborate with other public safety and community behavioral health organizations. It is imperative to not only maintain these efforts but continue the growth this funding makes possible.

As rates of emergency department visits related to suicide and self-harm continue to rise for all age groups (Shankar et al., 2022), 988 Suicide & Crisis Lifeline services provides the first line of defense in de-escalating high-risk callers, thus reducing the need for emergency department visits, police and emergency responder calls and other high-cost, restrictive mental health services. Crisis contact centers help in the moment, and also offer follow-up contacts which have been shown to stop callers from killing themselves—keeping them safe (Gould et al., 2017).

**The bottom line:** 988 services save lives by connecting people in crisis, and their loved ones, to a mental health professional at the right time. Adequate and reliable funding for crisis contact centers and a continuum of crisis services can ensure that the promise of 988 is fulfilled for each Kansan no matter where in the state they reside.

## Telling More of the Story

The national 988 Suicide & Crisis Lifeline network is comprised of over 200 local crisis contact centers. Kansas is served by four of these centers: COMCARE of Sedgwick County, Johnson County Mental Health Center, Kansas Suicide Prevention HQ, and HealthSource Integrated Solutions.

988 Crisis System  
*National Suicide Hotline  
Designation Act (S.2661)*

High-tech crisis call center hubs.

Mobile crisis response teams

Crisis receiving facilities

Crisis residential services

Follow-up contacts for crisis hotline callers

The funding allotted to the 988 Suicide Prevention and Mental Health Crisis Hotline Fund as well as the inclusion of 3 million in the state FY 2022 budget enabled the state's 988 crisis contact centers to transition smoothly and effectively with a clear message.

Crisis contact centers hired and trained additional counseling staff, increased availability of online chat and text messaging services, and built the technological infrastructure needed to meet the increased demand following the roll out of 988 in July 2022.

Collaboration between 988 crisis contact centers and 911 public safety answering points has been prioritized. This reduces the strain created by mental health crisis calls going towards 911, and increases successful transition based on the safety needs of the caller.

The first point of access for many people with suicidal thoughts is the 988 Suicide & Crisis Lifeline. Many times people in crisis, or their loved ones, find it difficult to navigate the complex system of mental health resources in our state. When the 988

Suicide & Crisis Lifeline is contacted, the caller is directed to a nationally accredited center in their state. This allows the caller to speak to a counselor who is familiar with local resources and is equipped to offer in the moment de-escalation, suicide screening, safety planning and connections to local mental health resources. If the local center is busy, calls are directed out of state, which lengthens wait times for people in crisis.

Kansas's local crisis contact centers, when adequately funded, are able to act as centralized hubs which connect people in crisis to the help they desperately need.

**In summary, the Kansas legislature must maintain the identified funding for 988 contact, so that callers can be connected to trained, mental health crisis counselors who are able to connect them to in-person crisis response services and other lifesaving follow-up care.**