



**Testimony of Patrick Fucik on behalf T-Mobile Before the
Kansas House Health and Human Services Committee in Support of HB 2281
February 15, 2022**

Chairwoman Landwehr and members of the House Health and Human Services Committee, thank you for the opportunity to provide brief testimony in support of HB 2281 which would establish 988 as the suicide prevention and mental health crisis hotline in Kansas.

Congress passed the National Suicide Hotline Designation Act in 2020 which created the 988 3-digit phone number that will be just like 911, except for suicidal and mental health emergencies. The federal legislation authorized states to enact state 988 programs including the imposition of a fee on end-user communications devices to pay for the program. T-Mobile, and I believe all the wireless carriers, worked on the federal law and supported it.

While states have taken different approaches to implementing their 988 programs, I am happy to report that T-Mobile has worked very closely with both Chairwoman Landwehr and KDADs over the past two sessions to come up with legislation that all the stakeholders can agree too. I am not saying all the stakeholders will agree with the latest version of the language, but I can say that T-Mobile does support the imposition of the 20 cent per line fee that is included in the pending new bill draft.

T-Mobile supports HB 2281 and the creation of the Kansas suicide prevention program especially since the pandemic has continued for close to two years and the rate of suicides in our country continues to grow. This is a necessary piece of legislation at this time.

Thank you for your consideration of my testimony and I would be happy to answer any questions you may have.

Patrick Fucik

Director State Government Affairs Mobile 913-687-5548 patrick.r.fucik@t-mobile.com



Kansas Suicide Prevention HQ

Education | Support | Crisis Services

February 14, 2022

RE: Proponent Testimony HB 2281

Chairperson Landwehr and members of the Health and Human Services Committee:

Thank you for your continued commitment to addressing the need for increased access to crisis mental health and suicide prevention services in Kansas; I appreciate the opportunity to provide information 988 and crisis counseling resource. My organization, the Kansas Suicide Prevention Headquarters (KSPRC), is located in Lawrence, KS. We are a suicide prevention resource center and one of three National Suicide Prevention Lifeline call centers operating for Kansas. We provide first line coverage for the 103 counties in Kansas and backup coverage to Johnson and Sedgwick counties.

Unfortunately the trend in Kansas is clear, suicide deaths are rising for all age groups. This problem is especially pronounced for our youth. A recent statistical analysis by the Kansas Department of Health and Environment showed youth age 12-17 had a significant increase in suicide related emergency departments in 2021 compared to 2019. In fact, the comparison of winter time ED visits showed a 68% increase from 2019 to 2021.

It has become apparent the people of Kansas are reaching out to crisis hotlines services more and more. Four years ago, I was sounding an alarm that the infrastructure for answering these calls in Kansas was floundering. While there was a **59% increase** in calls from Kansans to NSPL from 2016-2020, the systems lacked the resources and partnerships to answer all of those calls. Fortunately, the state through the Kansas Department of Aging and Disability Services made an investment in the National Suicide Prevention Lifeline which has led to an increase in the number of calls from Kansans by in-state, local crisis contact centers like mine. This grant enabled us to increase our volunteer and paid counseling staff hours in the call room, expand our training program and overcome challenges presented by the pandemic.

As we approach July 16th, it is imperative that as a state we continue to invest in the ability of our mental health system to respond to all types of mental health crisis calls on 988. This requires that gains in staffing levels, advances in technology and improvements in training be sustained with a reliable funding source like the phone fee outlined in HB 2281. Public Law 116-172, the National Suicide Hotline Designation Act of 2020, authorizes state governments to establish a fee to be held in a designated of support of 988 services. Use of the funds should be utilized for:

- (1) ensuring the efficient and effective routing of calls made to the 988 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and
- (2) personnel and the provision of acute mental health, crisis outreach and stabilization services by directly responding to the 988 national suicide prevention and mental health crisis hotline.



Kansas Suicide Prevention HQ

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We believe that 988 offers the following opportunities when adequately funded.

- Meet the growing demand for crisis hotline services from the people of Kansas.
- Increase the immediate safety of those who call the hotline. A 2007 study published in *Suicide and Life-Threatening Behavior* showed 56% of callers to suicide hotlines no longer feel suicidal after calling.
- Reduce the need for law enforcement to respond to mental health crisis calls and the number of people who will need to wait in emergency departments to have their mental health needs met. According to crisis contact center accrediting organizations, local centers resolve 90% of immediate crises via phone or chat.
- Reduce the utilization of 911 by callers who are experiencing a mental health crisis and do not require law enforcement or EMS response. The 988 Coalition, including state agency partners, are currently working with the 911 Coordinating Council to develop a pilot 911 to 988 call transfer program informed by the learning for other areas of the country where this system is already deployed.

Sincerely,

Monica Kurz
Vice President for External Programming
KSPHQ



**Testimony to House Health and Human Services Committee
on House Bill 2281**

534 S. Kansas Ave, Suite 330, Topeka, Kansas 66603
Telephone: 785-234-4773 / Fax: 785-234-3189
www.acmhck.org

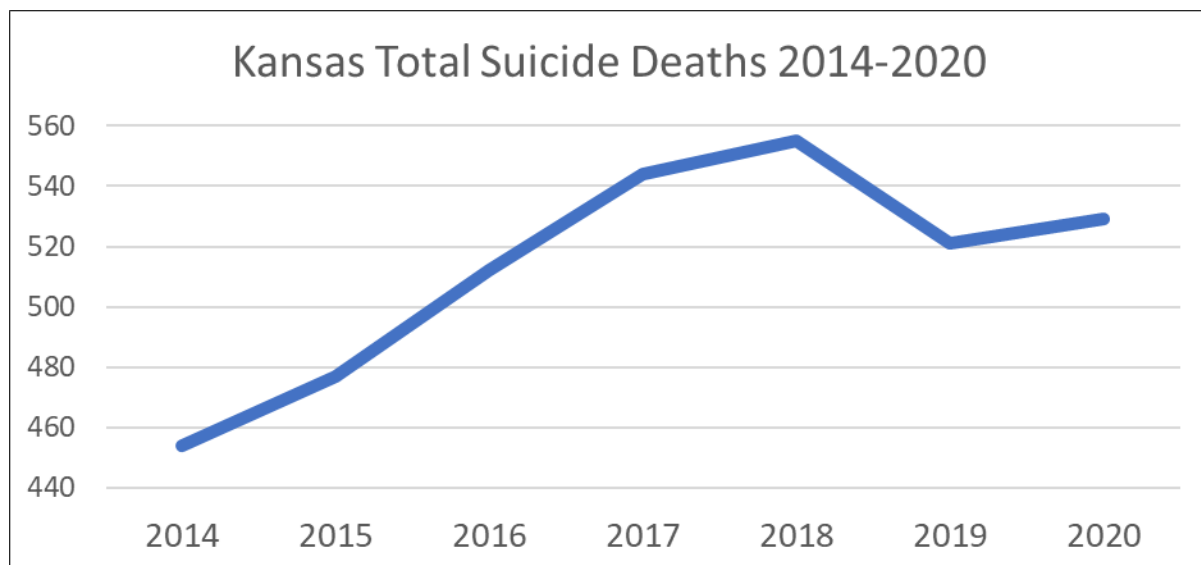
February 15, 2022

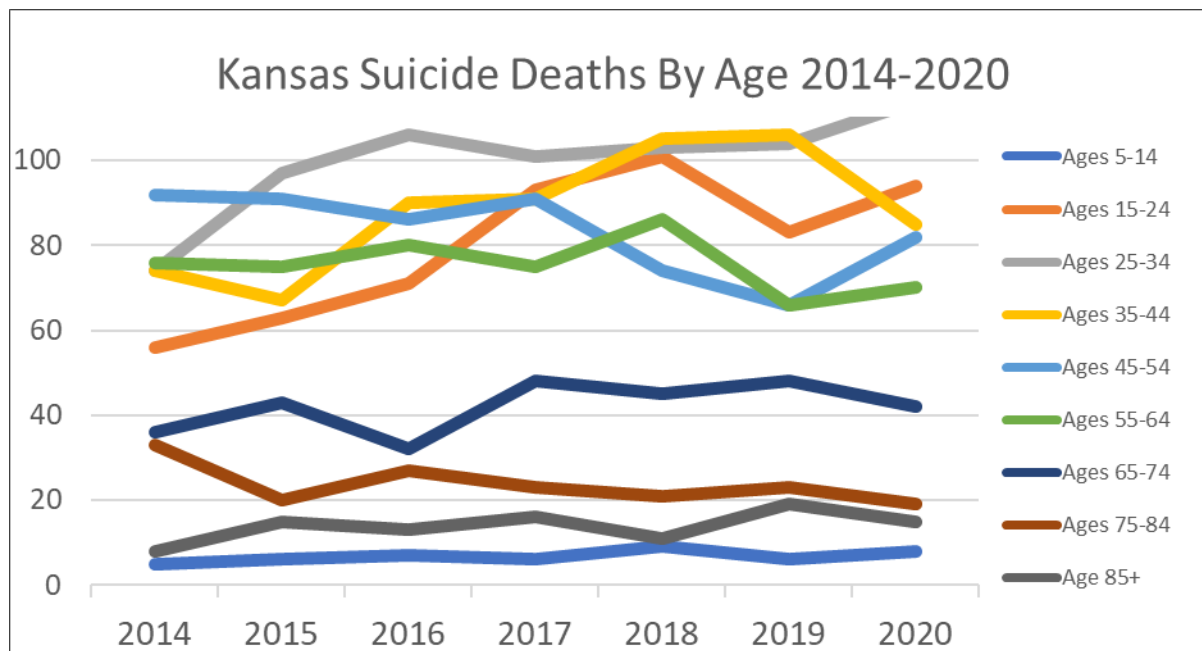
Madam Chair and members of the Committee, my name is Kyle Kessler, and I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. Our Association represents the 26 licensed Community Mental Health Centers (CMHCs) in Kansas that provide behavioral health services in all 105 counties, 24-hours a day, seven days a week. As part of licensing regulations, CMHCs are required to provide services to all Kansans needing them, regardless of their ability to pay. This makes the community mental health system the “safety net” for Kansans with mental health needs.

We appreciate the opportunity to appear before the Committee today in support of HB 2281, establishing 988 as the suicide prevention and mental health crisis hotline in Kansas.

The statistics around suicide, and especially youth suicide, are of great concern for our Association. For several years now, we have referred to the rate of death by suicide as a public mental health crisis.

According to the *2020 Kansas Annual Summary of Vital Statistics* from the Kansas Department of Health and Environment (KDHE), the overall number of suicides increased by eight, or 1.5 percent, from 2019 to 2020 by.¹ The report states, “Although the single-year change in rate was not statistically significant (confidence intervals for the rates for 2019 and 2020 overlap), the 2020 suicide rate was one of the three highest in the last twenty years.” Further, the second leading cause of death of people aged 15 to 44 remains suicide. Based on the reported numbers from 2014 to 2020, our state experienced a nearly 70 percent increase in deaths by suicide in the 15 to 24 age group.





The National Suicide Prevention Lifeline (NSPL) is a national network of local crisis centers that provides support to people in suicidal crisis or emotional distress. The NSPL will transition from a 10-digit phone number to 988 by July of 2022, making it easier for individuals to know what number to call when in crisis.

The 2021 Legislature allocated funding for initial start-up costs, but there is a need for ongoing, sustainable funding. Once the 988 NSPL phone number is implemented, Kansas should collect fees via cellular phone bills to support increasing the in-state answer rate and ensure that callers are connected to in-state crisis and stabilization resources. This is also a recommendation of the Mental Health Modernization and Reform committee.

CMHCs across the state are actively involved in prevention efforts at the local level and will partner with hotline centers to ensure individuals in need are connected to services and supports, including crisis response and stabilization.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.

¹ Kansas Department of Health and Environment. (2020). *Annual summary of vital statistics*. Retrieved from <https://www.kdhe.ks.gov/DocumentCenter/View/15354/2020-Annual-Summary-PDF>



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COMCARE

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Joan M. Tammany, LMLP
Executive Director

Testimony to House Health and Human Services Committee on House Bill 2281

Good afternoon, Madame Chair, and members of the committee. My name is Joan Tammany, and I am the Executive Director of COMCARE of Sedgwick County, the community mental health center serving Sedgwick County. I want to thank you for allowing me to testify today as a proponent of House Bill 2281. I also wish to express my genuine appreciation of this committee's work on this important 988 legislation during the 2021 session, providing funding for some startup costs for this national lifeline planning and rollout in Kansas.

COMCARE is one of currently three lifeline centers answering calls from the National Suicide Prevention Lifeline, attempting to meet the needs of those in our community. We have worked hard in the past six months to increase our response rate from 60-65% to 85% but this is not going to be sufficient come July 16, 2022, when the national 988 number goes live. It will require increased staffing to manage the anticipated increased volume of calls and potential mobile crisis activity. We will need to enhance our technology to capture data around response time, dropped calls, etc. and eventually the addition of chat capabilities for those who prefer a text option to be answered locally.

This legislation is important to all Kansans as the prevalence of persons experiencing an emotional crisis has been evident and increasing in southcentral Kansas and all over the state. Statistically we have a larger number of youth being admitted to hospitals for suicidal ideation and behavior and it is not unusual for our hospital to have patients waiting in the Emergency room for a psychiatric bed. At COMCARE and likely so across the state the acuity of the person calling our crisis line has increased significantly in the past few years from those reaching out proactively to many now being in significant distress at time of call to our crisis center. In response our mobile crisis activity has increased by close to 20% in the past year and would be higher if we had the staffing resources to meet the demand. In addition, 70% of those in need of crisis mobile services following a call to our crisis line are unknown to COMCARE, indicating the increased need for these crisis services.

Adequate and stable funding for 988 implementation is of paramount importance. Without a sustainable model, community mental health centers doing this work will continue to lose employees due to poor pay, difficult work and secondary trauma leading to burnout. It should go without saying that persons in a mental health crisis should have a safe and reliable resource to call when in distress. Imagine if we could be there for more persons reaching out for help and being able to deliver that help locally where follow up can be achieved.

As with other proponents of HB 2281 I am advocating that once the 988 NSPL number is implemented, Kansas should collect fees via cellular phone bills to support increasing the in-state answer rate and ensure that callers are connected to in-state crisis and stabilization resources. Thank you for the opportunity to testify and I stand for any questions.

KANSAS MENTAL HEALTH COALITION

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

Testimony in Support of HB 2281 House Health and Human Services Committee

February 15, 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. However, the federal legislation is not fully funded – 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. 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.

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.

Suicide has seen troubling increases in the past decade in Kansas. KDHE's annual vital statistics report shows that the suicide death rate increased by 15 percent between 2014 and 2019. 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. 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 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 properly trained staff.

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.

Amy Campbell, Lobbyist

785-969-1617

campbell525@sbcglobal.net



February 15, 2022

TO: Chair Landwehr and Members of the House Committee on Health and Human Services

FR: Nick Wood, Associate Director, InterHab

RE: Crisis Support for Kansans with Intellectual and Developmental Disabilities.

Chair Landwehr, and members of the committee, thank you for the opportunity to share information on behalf of the member organizations of InterHab. Our members serve Kansans with intellectual and developmental disabilities in every part of the state.

In my role at InterHab, I work with our Complex Needs Task Force to examine issues within the IDD system and develop a knowledge base of national best practices and policy recommendations to help improve services to Kansas with IDD who present with significant medical, behavioral or age-related conditions. We want to thank the committee for taking this challenge on. The needs of I/DD system are unique within the larger world behavioral health. The implementation of statewide crisis services for will have a major impact on the system.

The Special Committee on Kansas Mental Health Modernization and Reform highlighted that individuals with I/DD who have co-occurring disorders are not adequately served within the behavioral health system currently. This is partially due to challenges with finding providers who can address both behavioral health issues and I/DD, but also underfunding of the I/DD waiver. A current lack of services to support individuals with I/DD within the behavioral health system, which causes parents and families to seek out services provided under other waivers as a last resort. Further, this lack of services has led to some children entering the foster care system, because they are unable to receive the level of supports needed to remain at home, and this lack of services is often not resolved by entering foster care. These issues are exacerbated by workforce issues within the I/DD system, which could partially be addressed through increase reimbursement rates.

988 Implementation

988 is a national three-digit number that all telecom companies will be required to implement, similar to 911, for people in a mental or behavioral health crisis which planned for July of 2022.

Most callers to 988 will likely not need additional crisis services beyond what is delivered, but for those that do, having a statewide Mobile Crisis Response system would allow the dispatch of an on-call qualified mental health professional or IDD support professional for crisis intervention. Those services would be provided in the community in less than an hour in most areas. Some callers may still require LEO or EMS dispatch.

Statewide Crisis Support Program

The system improvement we want to work on should result in the ability to implement Cross System Crisis Intervention services for individuals served, which would provide the tools needed to support an individual through crisis. Specially trained community-based staff should be available to provide individual or disability

specific trainings to teams. Crisis intervention services should be implemented in the context of a comprehensive, systems linkage approach, to improve capacity in the entire system.

1. System-wide crisis prevention and intervention training. Training for clinicians, crisis responders, and front-line staff should be competency-based and adaptable to differing levels of practice experience and formal education. Existing training resources could be implemented in order to meet this need.

2. Develop specialized service delivery programs modeled after evidence-based practices from other states. Kansas should also adopt a best practice, system of care approach toward crisis intervention for Kansans with intellectual disabilities or Autism in crisis. A system of care approach could include:

- Prevention Services - provide wellness checks and identify ways to help people work through potential crisis.
- Crisis Telephone Services - available 24/7 to provide information, referral, and action plan development.
- Mobile Crisis Outreach Services - provided on-site wherever needed.
- In-Home Crisis Services - assist people to become stabilized in their home.
- Crisis Residential Services - provide very short-term, highly supportive and supervised residential settings.

3. Ongoing system-level Research and Training Team.

An ongoing research and training program is vital to the overall success of a crisis services program. It is the basis for which we can begin to finally study system needs in real-time, and coordinate the direct services needed to ensure people can get the services they need when and where they need it. A successful research and training program should build on the existing service infrastructure and add the expertise and analysis needed to help with prevention activities and knowledge dissemination. We see this program as a community-based collaboration among the variety of professionals who already provide support for behavioral health needs in Kansas.

We are grateful to the work of this committee over the past several years to bring about a greater understanding of these issues. We are ready and look forward to working with you and our system partners to implement solutions.

House Health and Human Services Committee

Written Testimony Supporting *HB 2281*

February 15, 2022

Presented by:

Ryan Reza, Policy & Advocacy Director

NAMI Kansas

Madam Chairwoman Brenda Landwehr and distinguished committee members, thank you for this opportunity to speak on behalf of NAMI Kansas and those we serve in support of **HB 2281: Establishing and implementing 988 as the suicide prevention and mental health crisis hotline in Kansas.**

NAMI Kansas and the Work We Do

NAMI Kansas is the statewide organization of the National Alliance on Mental Illness, providing services to Kansans for over 30 years. Its primary mission is to provide signature programs of support, advocacy, and education to individuals who are living with mental illness as well as their friends and family members through our NAMI Kansas Resource/Help Lines and signature programs consisting of peer support groups, family support groups, presentations, peer educational programs, and family educational programs. These signature programs are delivered free of cost to the consumer through local NAMI affiliates across the State of Kansas.

In FY20, NAMI Kansas and its thirteen affiliates fielded 9,063 Resource/Help Line calls for Kansans, 2,236 attended support groups, and 997 community members attended presentations about NAMI services. Our educational leaders provided 1,328 touchpoints and 236 Kansans attended an In Our Own Voice presentation led by individuals with a lived experience of mental illness. We are positioned to continue this great work through FY21 as well as introducing new NAMI signature programs to our milieu of services.

Why We Do What We Do: The Mental Health Numbers

National statistics on mental illness indicate that approximately one in five personsⁱ is living with a mental illness; however, more recent data suggests that 2 in 5 Kansans are living with a mental illness conditionⁱⁱ. The Mental Health Task Force Report of 2019 indicates that 420,000 Kansansⁱⁱⁱ are affected by mental illness. As a result of the COVID-19 landscape, these numbers are projected to increase, and the overall mental health of Kansans will plummet.

According to Society of Actuaries, Mental Health Trends and COVID-19^{iv} (April 2020), the current events and responses to COVID-19 “could lead to worsening mental health conditions.” The slowdown of the economy, increase in unemployment, decrease in standards of living, reduced social interactions and engagement, decreased access to social networks, increased social isolation, increased risk of illness and disease, and ever-changing responses to how daily services are rendered (food, retail, business, etc.) will undoubtedly impact physical and mental health of Kansans across the state. As a result of this landscape of uncertainties and constant change, researchers across the spectrum of physical and mental health fields predict increases in anxiety, depression, PTSD, substance abuse, eating disorders, and suicide. As a State, as a

society, as organizations, and as a people, we must respond in unity and serve compassionately, differently, and assertively to make sure Kansans get help early, get the help they need, and get diverted from the justice systems when appropriate.

Adults in Kansas experience a myriad of barriers to accessing quality mental health care including waiting lists, transportation, and insurance/financial issues. Waiting lists and transportation barriers for inpatient care and outpatient services exist due to an insufficient number of beds, a disparity in the distribution of beds across the state, mental health professional shortages, and distances between rural communities and larger cities^v. The inability to access affordable treatment is pervasive since Kansas has not expanded Medicaid, often making treatment and medication costs prohibitive. Over 900,000 adults in Kansas live in rural areas with limited support for adults with SMI^{vi}.

And so, the need for mental health care in Kansas is already outpacing the ability of the state to meet those needs, and rates of depression, anxiety, and other mental health concerns are only expected to increase in response to the COVID-19 pandemic and increased awareness of ongoing racial injustice. However, these societal pressures and shortfalls in treatment can be mitigated through changes to delivery of care and coverage for peer support specialists and other paraprofessionals^{vii}.

Whether it is 1 in 5 or 2 in 5, they are not alone on their journey; they have relationships and social interactions throughout their daily lives.

- They have parents, brothers, sisters, grandparents, husbands, wives, aunts, uncles, children, friends...
- They have landlords, tenants, roommates, neighbors, co-workers, supervisors...
- They have classmates, teachers, paras, school administrators, professors, college campus life staff,
- They have counselors, case managers, doctors, nurses...

The list is endless... and reveals to us that in reality, 5 out of 5 Kansans are impacted by mental health conditions... 5 out of 5 Kansans support loved ones and friends who have a lived experience of mental illness... 5 out of 5 Kansas need help early and need the best possible care... 5 out of 5 Kansas need **HB 2281**; it is more than a number.

Why NAMI Kansas Supports and Advocates for HB 2281: It is More Than a Number

In response to the 2020 law passed by Congress to make 988 the nationwide three-digit number for mental health crisis and suicide prevention, operating through the existing National Suicide Prevention Lifeline, all states and telecommunications companies are required to route 988 calls to the Lifeline by July of this year. Now, Kansas needs to work quickly to build their 9-8-8 crisis response system and build the infrastructure to effectively respond to mental health crisis calls and support funding necessary to fulfill the 9-8-8 vision and response for those struggling with mental illness conditions.

In too many communities, people in crisis do not get the right services at the right time. One in four people killed by police have a mental illness^{viii} and each year, two million people booked

into jails have a mental illness.^{ix} A 988 crisis response system can change how we respond to people experiencing mental health crises.

Because it is more than a number, NAMI Kansas supports three key elements in an ideal crisis response system: 24/7 Crisis Call Center Hubs, Mobile Crisis Teams, and Crisis Stabilization Centers.

24/7 Crisis Call Center Hubs: When someone calls 988, they should be connected to well-qualified people — 24 hours a day, 7 days a week — who are trained to effectively handle mental health, substance use and suicidal crises, including by text and chat.

Call centers should operate as coordinating “hubs,” giving counselors the ability to communicate with mental health providers, book same day or next day outpatient appointments, dispatch mobile crisis teams, see real-time availability of inpatient care — and follow-up with callers within 24 hours to see how they are doing and if they're getting the support they need.

Mobile Crisis Teams: When an on-site response to a crisis is needed, mobile crisis teams should be deployed by crisis call centers, using geolocation where possible. Mobile crisis teams should be able to de-escalate situations, arrange transportation to crisis stabilization, or connect people to other services and supports.

Mobile crisis teams should be staffed by behavioral health professionals, including certified peer specialists. While there will be some crises where a law enforcement response is necessary, the goal is to limit their involvement. Mobile crisis teams should collaborate closely with law enforcement but include police as co-responders only in high-risk situations.

Crisis Stabilization Centers: When more intensive care is needed, short-term crisis stabilization should be available. Crisis stabilization programs should be in a home-like environment, and should have the capacity to diagnose, provide initial stabilization and observation, and ensure a warm hand-off to appropriate follow-up care. Crisis stabilization programs should also include options for peer crisis respite, peer navigation and follow-up, residential crises, and substance use detox.

HB 2281 prepares the way for the State of Kansas to build its 988 Crisis Response System. The bill provides a means to adequately fund all of the above priorities, while detailing how we can implement them. It is invaluable to the process that family members and those who have a lived experience of mental illness be at the table and participate in the discussion and decision-making processes of any crisis response system as well as being a part of a crisis response team. People with lived experience are critical to creating rapport with a person in crisis, engaging people in care, and offering hope. The inclusion of peers, including peers representing the diversity of their communities, can help people get on a path to recovery.

It is More Than a Number: It is Respect and Dignity

A call for help should not result in trauma or tragedy. Building a 9-8-8 crisis system in Kansas and in our communities will move us closer toward our shared goal: a respectful, dignified, and effective response to *everyone* who experiences a mental health, substance use, or suicidal crisis.

NAMI Kansas supports HB 2281 and funding to fulfill the 9-8-8 vision and response for those struggling with mental illness so that all may receive a respectful, dignified, and effective response in their need and Call for Help.

It is more than a number.

Madam Chair and committee members, thank you for your consideration and this opportunity to share with you today. I stand for any questions you may have.

ⁱ <https://nami.org/NAMI/media/NAMI-Media/StateFactSheets/KansasStateFactSheet.pdf>

ⁱⁱ <https://www.bcbsks.com/promo/mentalhealthawareness/>

ⁱⁱⁱ Mental Health Task Force Report; https://www.kdads.ks.gov/docs/default-source/csp/bhs-documents/final-mental-health-task-force-report---january-2019.pdf?sfvrsn=4dac04ee_0

^{iv} Society of Actuaries, Mental Health Trends and COVID-19, April 2020: <https://www.soa.org/globalassets/assets/files/resources/research-report/2020/covid-19-mental-health.pdf>

^v Mental Health Task Force Report (2018)

^{vi} U.S. Dept. of Agriculture, *State Fact Sheets: Kansas*

^{vii} Mental Health Task Force Report, *Report to the Kansas Legislature*, 2019.

^{viii} <https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>

^{ix} <https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2009.60.6.761>



February 15, 2022

Madame Chair and Members of the Committee,

On behalf of the Wichita Regional Chamber and our roughly 1,500 members, thank you for the opportunity to provide testimony in support of H.B. 2281, AN ACT concerning public health; establishing 988 as the suicide prevention and mental health crisis hotline in Kansas; providing for the Kansas department for aging and disability services to provide oversight and support to hotline centers; prescribing hotline center duties and provision of services; telecommunication providers duties; collection and disbursement of fees for the 988 hotline.

HB 2281, as amended, would create the Living, Investing in Values, and Ending Suicide (LIVES) Act (Act). The Act would establish 988 as the Suicide Prevention and Mental Health Crisis Hotline (Hotline) in Kansas. The bill would outline the responsibilities of the Kansas Department for Aging and Disability Services (KDADS), Hotline centers, and service providers relating to the Act. The bill would also create the 988 and prepaid wireless 988 fees, and the 988 Suicide Prevention and Mental Health Crisis Hotline Fund (Hotline Fund), and the Certified Community Behavioral Health Clinics Fund (CCBHC Fund).

A number of years ago the Chamber identified workforce, and more specifically the lack thereof, as the number one issue faced by our members and slowing economic growth in our region. Not long thereafter, as we engaged with business, community and political leaders in south-central Kansas, it became evident unaddressed issues in the area of mental and behavioral health treatments were significant contributors not only to our workforce challenges, but were also driving up costs unnecessarily for corrections and law enforcement budgets. Therefore, the Chamber has been working with leaders to find solutions that enhance our region and the state's ability to provide the necessary tools and assistance necessary to help those not just in crisis, but to help those in need before they reach crisis level. Simply stated, addressing mental and behavioral health issues benefits business, our local and state government budgets and our communities as whole, including our fellow citizens the most in need.

I'm speaking to you today as a representative of business and therefore, I come to you with a business perspective. However, I would be remiss if I didn't at least mention the extraordinary human element that exists here. Mental health illnesses are real, they are hard and they can be devastating. And too often they result in death. On a personal level, that should be unacceptable to every single one of us.

H.B 2281 is not a fix all. Its passage will not heal every illness or even prevent every death from overdose or suicide, but it will save some. In addition to saving lives, this legislation will also improve lives based on its increased funding for Community Behavioral Health Clinics. It's a common-sense approach and package of good and sound public policy.

Therefore, we would request that the Committee report H.B. 2281 favorable for passage.

Thank you and I'm happy to stand for questions at the appropriate time.

Very truly yours,

Jason P. Watkins



STATE OF KANSAS
OFFICE OF THE ATTORNEY GENERAL

DEREK SCHMIDT
ATTORNEY GENERAL

MEMORIAL HALL
120 SW 10TH AVE., 2ND FLOOR
TOPEKA, KS 66612-1597
(785) 296-2215 • FAX (785) 296-6296
WWW.AG.KS.GOV

**Testimony of Office of the Attorney General in support of House Bill 2281
Presented to the House Committee on Health and Human Services**

By Michelle McCormick, LMSW
Director of Victim Services, Office of the Attorney General

February 15, 2022

Chair Landwehr and Members of the Committee:

Thank you for the opportunity to provide testimony in support of HB 2281. My name is Michelle McCormick and I am the director of victim services and state victim rights coordinator for Attorney General Derek Schmidt. In this capacity, I also serve as the supervisor to the Youth Suicide Prevention coordinator which was a position created in the Office of the Attorney General in 2019. I also serve on the 988 implementation coalition, as coordinated by the Kansas Department of Aging and Disability Services (KDADS) and the Kansas Suicide Prevention Coalition.

The issue of youth suicide is of great concern to Attorney General Schmidt, who in 2018 and with the help of the Tower Mental Health Foundation, created the Youth Suicide Prevention Task Force in response to learning about the increasing rate of youth suicides in Kansas. The Task Force accumulated a wealth of information which has set the priorities for the youth suicide prevention efforts at the attorney general's office.

Our office is not alone in our concerns about the impact of suicide on Kansans, both for youth and across the lifespan. Our office has been collaborating with our partners at KDADS, the Kansas Department of Health and Environment (KDHE), and other stakeholders to improve communication, data sharing, and collaboration, so that we can reach our common goals of improving access to mental health services and zero suicides in Kansas.

One significant step in the direction of increasing access to mental health services will be the implementation of the 988 suicide prevention and mental health crisis hotline in Kansas. We believe the 988 hotline will increase access to critical crisis and stabilization services to those who need to reach the providers of these services, including Kansas youth.

However, the success of this tool will depend on the state creating reliable and sustainable funding for the 988 hotline, as well as support for the full range of services that will need to be in place for any 988 callers.

One of the priorities for the attorney general's youth suicide prevention efforts has been to explore the development of an app to be used as a communication tool for youth, in order to provide them with a "youth friendly" option to connect with a mental health professional or law enforcement officer in order to get assistance during a suicide crisis. In our collaboration with state partners, we learned that 988 implementation is going to include an option for texting, much like the current national suicide prevention lifeline has in place. Upon learning this, our Office has determined that the app that we have been pursuing will have the best possible outcomes if developed in such a way that it could enhance or complement the services that will be provided by the 988 hotline. Therefore, the success of these two projects are dependent on a strong and coordinated implementation. While to date we do not know exactly how the back end response to both systems will work, we do envision that both systems will work together and enhance the system of response we currently have in Kansas. The Attorney General's Office will remain in close contact with the 988 stakeholders as we develop these services, ultimately to the benefit of Kansans who need access to these life-saving services.

Thank you again for your consideration of House Bill 2281.

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HB 2281
House Committee on Health and Human Services
Written Testimony
February 15, 2022
Proponent

Chairperson Landwehr and Members of the Committee:

The Kansas Coalition Against Sexual and Domestic Violence (KCSDV) is a statewide non-profit organization whose membership is the 25 sexual and domestic violence programs serving victims across Kansas. KCSDV provides information, training, and analysis on issues impacting victims of domestic and sexual violence, their families, and their communities. Our members, the local advocacy programs, are committed to providing quality services to victims of sexual assault and domestic violence, empowering victims to live independently without the ongoing fear of violence, and helping victims secure the resources necessary for a safe and healthy future.

Access to appropriate mental health treatment can have a profound impact on survivors of domestic and sexual violence's ability to process their experience, deal with the associated trauma, and continue to live a healthy life. Ideally, all survivors would have access to mental health treatment at any and all phases of their lives. While that may not be possible, the creation of and support of a hotline that would allow survivors to access to counselors in the middle of a mental health crisis could provide potentially life saving measures.

Survivors of domestic and sexual violence come from all walks of life. They experience a wide variety of experiences and access to the criminal justice system. These experiences can make some reluctant to avail themselves of traditional means of interacting with law enforcement, such as calling 911 during an emergency. Having a system in place that provides another mental health/crisis intervention alternative offers additional options for those in crisis. Providing those in crisis with the appropriate services will reduce potentially harmful outcomes.

Lastly, we cannot overlook the unfortunate reality that many abusers face mental health challenges of their own. Unfortunately, the risks associated with suicide in abusers is not limited to just them. Often abusers will kill their partner, or even their entire family, before taking their own lives. Again, increasing access to counselors could be beneficial in reducing the risk to the community as a whole.

For the reasons stated above, KCSDV supports the passage of HB 2281.

Sincerely submitted on behalf of KCSDV,

Lindsie Ford, JD
Public Policy Attorney
KCSDV
634 SW Harrison Street
Topeka, Kansas 66603



**Proponent Testimony on HB2281 – Written Only
House Health and Human Services Committee
February 15, 2022**

Chair Landwehr, Vice Chair Eplee, Ranking Member Ruiz, and Members of the Committee, my name is Rachel Marsh, CEO of the Children's Alliance of Kansas. The Alliance is an association of 21 private, non-profit child welfare agencies that collectively provide a full array of services for children and families in child abuse and neglect prevention, family preservation, foster care, adoption, independent living, and parent, youth, and child skill-building, mental health, and substance use treatment. Thank you for the opportunity to share our support for HB2281.

Children's Alliance members serve youth in Kansas that are struggling with suicidal thoughts daily – whether in our PRTFs, QRTPS, youth hospitals, or in foster care homes with safety plans awaiting access to higher levels of care. We also support parents who can experience severe despair and suicidal thoughts when experiencing a child removed from the home; struggling with substance use disorders; or struggling with acute mental health challenges. We support HB2281 as a critical component in early support and intervention for families in Kansas.

As a representative on the Mental Health Modernization and Reform Committee over the last two interim sessions, I learned about the opportunity to implement the 988 suicide prevention and mental health hotline in Kansas. We appreciate the support of that workgroup, and the work of this Committee, to ensure that the 988 hotline can be fully funded to provide a local response and local referrals for Kansans in crisis.

The 988 hotline is a critical piece in our continuum of care for Kansans in mental health crisis. We ask for your support of this bill.

Rachel Marsh
rmarsh@childally.org
(620) 951 4110

Members of the Children's Alliance of Kansas:

The Bridge of Topeka, Topeka
CALM, Emporia
Cornerstones of Care, Overland Park
DCCCA, Lawrence
Eckerd, Wichita
EmberHope, Wichita
Florence Crittenton, Topeka
Foster the Cause, Topeka
FosterAdopt Connect, Olathe
Gathered, Derby
Great Circle, Lawrence

Kansas Children's Service League, Topeka
KVC Kansas, Olathe
KidsTLC, Olathe
Restoration Family Services, Wichita
Saint Francis Ministries, Salina
TFI Family Services, Topeka
The Children's Shelter, Lawrence
The Villages, Topeka
Wichita Children's Home, Wichita
Zoe's House, Kansas City

Testimony to the House Committee on Health and Human Services

House Bill #2281 “Establishing and implementing 988 as the suicide prevention and mental health crisis hotline in Kansas”

Madam Chair and members of the Committee, my name is Tim DeWeese. I am the Director of Johnson County Mental Health Center, which is a department of Johnson County (KS) Government. We employ more than 360 staff who provide behavioral health services to more than 17,000 county residents annually. Johnson County Mental Health Center began operation in 1962 providing outpatient services in one location. Today, the center provides services in four separate facilities located throughout the county and serves as the local mental health authority coordinating the delivery of publicly funded community-based “safety-net” mental health services. The Mental Health Center is licensed by the State of Kansas as a Community Mental Health Center and has earned a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

I appreciate the opportunity to present testimony in **support** of this bill which establishes 988 as the suicide prevention and mental health crisis hotline in Kansas, ensuring a mental health safety net by providing emotional support for people in distress, reducing suicides, mental health crises and providing a pathway to well-being for all Kansans.

The statistics regarding deaths by suicide are of grave concern to our community and for several years now, we have referred to the rate of death by suicide as not only a public mental health crisis but a public health crisis. Johnson County Mental Health Center has operated a 24- hour, 7 day a week crisis line for our community for over thirty years taking more than 30,000 calls annually. Last year we became a part of the National Suicide Prevention Lifeline (NSPL), a national network of local crisis centers that provides support to people in suicidal crisis or emotional distress. The NSPL will transition from a 10-digit phone number to 988 by July of 2022, making it easier for individuals to know what number to call when in crisis.

We support the State of Kansas identifying and committing the resources necessary to fully fund the necessary infrastructure through the collection of fees via cellular phone bills to support increasing the in-state answer rate and access to crisis services. Community Mental Health Centers (CMHCs) across the state are actively involved in their communities to partner with crisis call centers to ensure individuals in need are connected to services and supports, including crisis response and stabilization.

Thank you for the opportunity to provide testimony and let me know if you have questions or need additional information.

Proponent Testimony

HB 2281 – Establishing and implementing 988 as the suicide prevention and mental health crisis hotline in Kansas

House Health and Human Services Committee

Andrew Brown, Commissioner of Behavioral Health Services

Kansas Department for Aging and Disability Services

February 15, 2022

Chairwoman Landwehr and Members of the Committee,

Thank you for the opportunity to provide proponent testimony on behalf of the Kansas Department for Aging and Disability Services (KDADS) about 988. At KDADS, Suicide Prevention is an ongoing effort within the BHS commission. Funding for the **National Suicide Prevention Lifeline (NSPL)** in Kansas has been a recommendation of multiple reports to the Kansas Legislature over the last several years and were featured in the Mental Health Task Force reports in 2018 and 2019, as well as the report from the Interim Joint Committee on Mental Health Modernization and Reform. KDADS has been working to develop suicide prevention infrastructure in our state that will support the implementation of 988 in Kansas and help prepare NSPL contact centers for the transition of the system to the new number.

This administration is supportive of the federal 988 law and wants to see 988 implemented well in Kansas. As a result, KDADS applied for and received funding to assist the state in planning for 988 implementations. We have hired a 988 Coordinator. \$3M in State ARPA funds have already been disbursed to the three 988 contact centers in Kansas, (ComCare, Johnson County Mental Health Center, and Kansas Suicide Prevention Headquarters) and we are currently working to establish a statewide backup center through an existing contract with HealthSource Integrated Solutions.

KDADS also completed an application for a federal ARPA grant for hiring workforce for 988 contact centers. Based on the formula, SAMHSA will award Kansas \$935,937 for the 2-year grant through a cooperative agreement. 85% of that grant funding will be required to pass through to 988 contact centers for workforce needs. Key performance indicators will be reported, with the primary goal being to reach a 90% in-state answer rate by June of 2022. KDADS has been successful in helping 988 Contact Centers increase their in-state answer rate from 60% in 2019 to 72% in 2020 and 80% in 2021. We feel confident about being able to reach 90% by June this year.

The final date for telecoms to implement the switch to 988 is in early July of 2022 or the beginning of FY23. Many of the leading telecoms have already enabled 988 for their customers, but the federal government will not begin promoting 988 to the public until this summer. KDADS expects there to be a significant increase in call volume to current the National Suicide Prevention Lifeline as indicated by national subject matter experts and SAMHSA. Continued and sustainable investment in 988 contact centers will be required to meet the need for this increase. The total projected cost for Year 1 of 988 contact centers, according to Vibrant projections from April of 2021, is \$5,934,597. There is \$3 million gap between the Year 1 cost projection and the current budget allocation for KDADS, just for answering the increased calls, texts, and chat messages the contact centers are projected to receive in SFY23.

Vibrant has offered five potential funding solutions for states to consider. Kansas' approach in our implementation plan to each of the suggestions are listed below:

1. Raising 988 related fees from telecommunication users
 - a. HB 2281's current language calls for a \$0.50 988 fee that would raise approximately \$17.4M
2. Direct engagement with State legislative budget committees for 988-specific funding
 - a. \$3M in SGF was allocated to KDADS in last year's session by the legislature.
3. Partnerships with stakeholder groups who may have the ability to contribute to 988 resources (e.g. United Way/20211, private insurers, hospitals, philanthropic organizations)
 - a. KDADS, Comcare, and JCCMH are unable to fundraise as governmental entities. KSPHQ relies on donations and fundraising to operate at current levels.

KDADS recently published the new 2020-2025 State Suicide Prevention Plan. This plan highlights the need for state infrastructure development around suicide prevention to reduce suicide attempts & deaths in Kansas. One of the components that is needed is an integrated crisis care service delivery system that begins with calls to 988. Kansas passed legislation addressing several key pieces from the Mental Health Modernization & Reform recommendations, one of which is \$4 Million SGF for Mobile Crisis Response Services. These services will work with 988 to provide local teams that can respond to 988 callers in need of additional support. 988 and Mobile Crisis Response components are important to the future implementation of CCBHC's which are required to provide 24/7 crisis services to the public. Implementation of these services is underway and on schedule for May 1st, 2022 launch of CCBHCs. 988 is a vital component to the modernization effort and will have a significant impact on improving access to care, reducing hospitalizations and institutionalization of Kansas struggling with severe mental illness as well as those experiencing a behavioral health crisis.

KDADS and the Governor's Office is supportive of the work of the Interim Committee on Mental Health Modernization and Reform and creating a robust continuum of care, which is why we have been working to make progress on those goals and fund recommendations from the report. The federal act enabling 988 nationwide does not provide federal funding to states to support it but instead establishes the authority of states to assess 988 fees on telephone services to fund 988 programming. We take no specific position on the funding mechanism incorporated within the 988 bill and support the Legislative policy discussions in discerning how 988 should best be funded in Kansas and by Kansans. However the federal authority provided to Kansas over the use of 988 fee funds is included below, and the highlighted section includes the language authorizing states to use these funds for provision of acute mental health, crisis outreach and stabilization services in direct response to 988 calls.

SEC. 4. <<NOTE: 47 USC 251a.>> STATE AUTHORITY OVER FEES.

(2) Use of 9-8-8 funds.--A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State, a political subdivision of a State, an Indian Tribe, or village or regional corporation serving a region established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.) is expected to incur that are reasonably attributed to--

(A) ensuring the efficient and effective routing of calls made to the 9-8-8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and

(B) personnel and the provision of acute mental health, crisis outreach and stabilization services by

directly responding to the 9-8-8 national suicide prevention and mental health crisis hotline.

In total the Statewide Crisis Response system that KDADS is working to develop and implement will have an estimated All Funds cost of nearly \$150 million dollars much of which is covered by federal sources such as Medicaid, and other insurers, however SGF is needed to secure federal matching funds and cover uninsured individuals. The amount of SGF funds required can be reduced by the 988 fee fund created by this bill. The acute mental health, crisis outreach and stabilization services proposed in HB2281 represent only a small fraction of total SGF systems costs. See attachment for more information.

KDADS is making significant strides in improving support for community-based services for behavioral health. Further progress on modernization and reform is possible with the support of the Governor's Office and the Kansas Legislature working together to empower the agency to fulfill its mission in service to Kansans.

Thank you for allowing us to provide proponent testimony on this important issue.

February 15, 2022

Brenda Landwehr, Chair
House Committee on Health and Human Services

RE: HB 2281 An act establishing and implementing 988 as the suicide prevention and mental health crisis hotline in Kansas.

Dear Chairwoman and Members of the House Committee on Health and Human Services:

Thank you for the opportunity to provide written testimony in support of HB 2281. I have worked in the field of intellectual and developmental disabilities in Kansas for over 30 years and currently serve as the Deputy Director at Johnson County Developmental Supports. I have seen the increasingly complex support needs of individuals coming into services through crisis exceptions, and the disconnect that often occurs when people require supports from both the IDD system and mental health. People with IDD tend to experience mental illness at a higher rate than the general population. Our numbers indicate that about 45% of the individuals we support at JCDS have a diagnosis of mental illness. As a system, we are seeing more substance abuse, criminal activity, and interaction with law enforcement.

I provided testimony last year about the Community Behavioral Health Team at JCDS. Initially piloted and now in operation, CBHT is a cross-functional team with Johnson County Mental Health and JCDS to provide positive behavioral supports to individuals with IDD who also experience a co-occurring mental health diagnosis. CBHT staff identify and address the developmental and mental health barriers that interfere with daily living, teach coping skills, and increase social skills to develop healthy relationships. Services may be offered in the community where the individual lives, works, socializes, attends school, or receives day and residential services. This unique relationship allows the services to be billed through JCMH, where clinical supervision is provided, while being operated day-to-day by JCDS.

Woven throughout the CBHT program is the philosophy of positive behavioral supports (PBS) and looking past the behavior to treat the whole person. PBS is an intensive service to teach alternative response strategies, interventions, and replacement behaviors. Part of the role of the CBHT is to provide training to providers affiliated with the Community Developmental Disabilities Organization (CDDO) in Johnson County and families in crisis. Critical training is needed on trauma informed care and reversing consequence-based thinking which leads to power struggles, restricting rights and reinforcing negative behaviors.

I want to provide a quick case study of a 14-year-old girl with Autism, living in the family home and struggling at home and school and exhibiting extremely physically aggressive behavior. CBHT provided training to the family on Autism, PBS, and family therapy. Parents were resistive and quick to punish and take away things. They had a win/lose mentality and even minor disagreements were a battle. With persistence in teaching the parents how to communicate, follow positive behavior support plans, and allow their teenaged daughter to help create schedules and earn privileges, she has returned to regular public school, and there has been no aggressive behavior at home for over 90 days.

To accomplish the work of CBHT, JCDS employs three full time behavioral health specialists who provide case management services under the clinical supervision of JCMH. JCMH dedicates a therapist to CBHT who understands both service systems and can provide individual and family therapy. Support from CBHT is available to any resident of Johnson County who is five years of age or older, determined IDD eligible thru the CDDO and qualifies for treatment through JCMH. The team served 83 individuals in 2021 and we've had to start a waiting list of over 20 individuals. Many times, the individuals who come to CBHT have been kicked out of school, are disrupting the family home, gone through multiple service providers, and/or interacted with law enforcement. For younger individuals in the family home, in home family therapy and supports are a critical need.

CBHT has been very successful in helping individuals to move forward in their lives. The work is very intensive – at times case management and therapy services are needed almost daily. They have helped kids to return to school and to their family home, reduced and even eliminated police involvement, reduced use of restraint and medications to manage people, and helped people experience a meaningful life and maintain positive relationships.

Thank you for allowing me to share the CBHT model as a successful intervention for people with IDD in crisis. Access to behavioral health services and/or funding for IDD providers is critically needed. Please contact me if you would like additional information.

Shelly May, Deputy Director
Johnson County Developmental Supports

first call

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Emily Hage

February 10, 2022

Dear Chair and Committee Members,

Thank you for your time and the opportunity to submit this written testimony in support of establishing and implementing 988 as the Kansas suicide prevention and mental health crisis hotline.

First Call, a Kansas City metro area non-profit, has been operating a Crisis Call line for over 63 years. We served over 1,798 Johnson County individuals in the last six months of 2021. Throughout the last two years, we have seen the severity of crisis calls increase. The need for a 988 service in Kansas is great.

As a participating member in the regional group working on a similar project in Missouri, we see the need and community drive for this service, and believe it would be just as impactful in Kansas. We look forward to being a continued part of this conversation, and encourage you to make that possible.

Thank you for your time,



Emily Hage
President & CEO
Direct: 816-800-8052
emilyh@firstcallkc.org



LAURA KELLY, Governor • KATHY KECK, Chairperson • STEVE GIEBER, Executive Director

***"To ensure the opportunity to make choices regarding participation in society
and quality of life for individuals with developmental disabilities"***

Feb. 15, 2022

Chairwoman Landwehr and Members of the Health and Human Services Committee,

Thank you for the opportunity to write to you today. My name is Liz Long Policy Analyst for the Kansas Council on Developmental Disabilities (KCDD). The Council is made up of self-advocates, family members, state agencies, and our partners identified in the Federal Developmental Disabilities Act. Federal and state laws created the Council to advise policymakers on issues that impact people with disabilities and their families as well as carryout activities that increase Self-Advocacy, Systems Change, and Capacity Building.

The Council is writing you today in support of HB 2281, to establish and implement 988 as the suicide prevention and mental health crisis hotline in Kansas.

Having crisis care available 24/7 via call centers with mobile crisis teams and stabilization programs across all of Kansas is a crucial support needed by all Kansans, but especially beneficial to persons with IDD. People with disabilities when having a crisis would benefit greatly having a place to call when they are having a difficult time coping. the ability to have a response team come in person to support them during those moments would reduce law enforcement involvement significantly. This would free officers to address true criminal activity and reduce the risk of negative interactions (physical harm and trauma) between the person with IDD and the officers. This will also lessen the number of persons with disabilities who end up in jail or correctional facilities, which are ill equipped for protecting someone with IDD.

When reaching a crisis point, often persons with intellectual and developmental disabilities (IDD) will experience someone calling 911 to manage the intense behaviors that can occur when the person is not able to communicate their frustration or calm themselves. Once law enforcement arrives what they see is someone out of control and not able to respond to their verbal commands. They do what they are trained to do, control the situation. This often results in the person with IDD being restrained, arrested, and physically harmed. Once in custody the situation then requires ever increasing resources either in the form of emergency room services and/or jail and correctional facility staff. After all this disruption and trauma is complete many times the person identified as unable to stand trial via a competency evaluation. They then return home with no new supports in place so that the cycle can continue the next time.

Having the support behind 988 will reduce the fear family and support staff have of calling for help when they need it the most. Having the option to call a trained mental health profession to assist any time a person with IDD is having a crisis will allow families or staff to feel there is good option to get help for the person and keep everyone safe.

Thank you for the opportunity to submit testimony for you today.

Respectfully,
Liz Long
Policy Analyst
Kansas Council on Developmental Disabilities

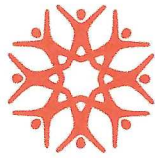


LAURA KELLY, Governor • KATHY KECK, Chairperson • STEVE GIEBER, Executive Director

*"To ensure the opportunity to make choices regarding participation in society
and quality of life for individuals with developmental disabilities"*

DD Act Values: Independence, Productivity, Integration, Capacity Building, Self-Determination & Inclusion in Community, Free from Abuse, Neglect & Exploration

KCDD Values: Person-Centered, Impactful Outcomes, Respectful, Collaborative, Innovative, Equitable Opportunity



Sunflower Foundation

HEALTH CARE FOR KANSANS

Testimony of the **Sunflower Foundation** to the
House Health and Human Services Committee
HB 2281 • February 15, 2022

Chair Landwehr and Members of the Committee:

Thank you for the opportunity to provide written testimony in favor of HB 2281 to establish and implement 988 as the suicide prevention and mental health crisis hotline in Kansas. This committee is painfully aware of the tremendous need that exists across the state to better support Kansans living with a mental illness and those who find themselves in times of crisis. HB 2281 will provide the resources needed to ensure Kansas has crisis call centers available 24/7 with trained staff, support development of mobile crisis teams, and help establish/augment crisis stabilization programs throughout the state.

According to the Kansas Health Institute, suicide rates have increased by nearly 45% statewide over the past two decades. While rates increased gradually in the early part of the 2000's, suicide rates have accelerated in recent years and experts fear pandemic stressors could worsen the problem. Rural and frontier counties have been especially hard hit with state data showing suicide rates having increased nearly 60 percent in the same time period, significantly outpacing the increases in mid-sized cities and urban areas. Suicide is now the ninth-leading cause of death in the state and the second leading cause of death for Kansans aged 15 to 34.

In 2020, *America's Health Rankings*, the longest running state-by-state analysis of the nation's health, released its 30th edition. Since its first report in 1990, Kansas, when compared to other states, has experienced the greatest decline in its overall health ranking, falling 17 places from number 12 to 29. And the state's ranking fell yet again in 2021 to 30. As we begin to emerge from the worst public health crisis in a century, we collectively have much work to do in improving the health of the people who call our state home. As a health philanthropy committed to serving all 105 counties in Kansas and one that has invested millions in the mental health system, Sunflower Foundation is privileged to continue to work in communities of all sizes, alongside community members and leaders all of whom committed to making their towns healthy- physically, mentally and economically. Strong, economically viable communities need healthy people and healthy people require timely access to mental health and crisis services.

Thank you for your leadership, and for your sustained efforts to support improvements to the state's mental health system.

Sincerely,

Billie G. Hall, President & CEO
Sunflower Foundation
(785) 232-3000
bhall@sunflowerfoundation.org

Barb Bowers

Topeka, KS

Testimony in Support of H.B. 2281

I have been hospitalized twice at Stormont west & twice in Stormont's senior care unit when it was there. The senior care unit was the best & I think it should really be started again. I didn't care for west care as it was too noisy & the patients were not respectful of each other!

The difference between dialing 911 and 988 is that 988 would be directed for mental health crisis, while 911 is not trained to handle mental health crisis. Their priorities are for other emergencies like fire, police & ambulance, we need a service that would respond more quickly and specifically trained to handle these emergencies.

I am a retired social worker who had to retire from the state due to bipolar & anxiety. I've been state president of the Depression Bipolar Support Alliance. Some of our members have committed suicide & this could be a wonderful advantage. It is difficult to find affordable mental health care.

WE NEED THIS BILL TO BE PASSED!

Victoria Jackson

Kechi, KS

Testimony in Support of H.B. 2281

In Sept. 2020, our son had a major psychotic break-down. No responses were received from urgent messages left for his MHA medication manager. We attempted to get an appointment with a private psychiatrist and were told that there would be a 3-month wait. Even though police officers provided assistance in getting him to the ER, he was denied admittance. We were told that he was not suicidal nor homicidal, but we knew that he was definitely a serious danger to himself. Only after I refused to leave (several hours), was he finally admitted. That was one of the most difficult things I have ever had to do.

If there are local mental health resources available, that would be a real lifeline in time of crisis.

If Todd could have received timely and appropriate assistance, I do not believe that his condition would have deteriorated to the point that he required 6 months of hospitalization.

There is an acute need for more mental healthcare professionals in the State of Kansas. We are losing far too many due to higher pay in other states. The numerous vacancies at Comcare make it impossible to provide the services needed in our community.

Kristen Bray

Overland Park, KS

Testimony in Support of H.B. 2281

Thank you, Chairperson and Committee Members for your diligent and important work.

My name is Kristen Bray, and I am a school counselor and Field Advocate for the American Foundation for Suicide Prevention, as well as a member of NAMI. I am grateful to have the opportunity to speak about my passionate support for HB2281, in favor of the Lifeline 988 number and the professional clinicians and mental health workers that will be necessary in order to properly implement this new resource, saving lives and reducing stigma. The direct, three-digit line to reach trained National Suicide Prevention Lifeline counselors when one is in the midst of a mental health crisis is crucial in order to prevent deaths by suicide. It is imperative that our state ensure that these calls will be responded to with trained professionals.

Having personal experience in having to call 9-1-1 when my adolescent daughter became suicidal, I was devastated when she had to be placed in handcuffs as though she were a criminal. Although I know it was for her own safety, I know that as a state and community, we can do better to treat those with mental illness with respect and reduce stigma by providing the services these individuals need, according to best practices and evidence-based research.

Dialing 988 instead of 911 ensures that the individuals responding know specifically how to respond to mental health crises. Having personal experience in having to call 9-1-1 when my adolescent daughter became suicidal, I was devastated when she had to be placed in handcuffs as though she were a criminal. Although I know it was for her own safety, I know that as a state and community, we can do better to treat those with mental illness with respect and reduce stigma by providing the services these individuals need, according to best practices and evidence-based research.

Thank you for the opportunity to voice my experience to this Committee. My passion is fueled by grief of the preventable deaths of 7 young people, and my hope is that my desperate pleas have been met with compassion and understanding. It is difficult enough for individuals to reach out for help. I believe that 988 will encourage more people to ask for help earlier because it will take the fear out of the interaction. The community will know the response team will be specifically trained professionals. While the police force does their best to save lives and provide compassionate care, the current process can be very demeaning and traumatizing because the only options are handcuffs and the back of a patrol car, even though it is for safety. Individuals with mental health conditions should not be treated as criminals. While many law enforcement officers do have some training in regard to handling mental health crises, they are not clinical level providers, which is what one needs when in acute, severe crisis. Together, we can prevent suicides and reduce the stigma associated with getting mental health help.

As individuals, we choose to be part of a problem or part of a solution. I beg you to set aside party affiliations and hear with an open mind the crisis that is before us. We are losing too many people, too many children and adolescents. I beg you to provide resources and appropriately trained response teams for the upcoming 988 number. Thank you for taking the time to allow me to voice my concerns and thank you for your service.

John Esau

Topeka, KS

Testimony in Support of H.B. 2281

I have been a pastor, a teacher of teenagers with MH diagnoses, a teacher of teens who were wards of the court, and am a certified family counselor. On several occasions I have had the experience of "being there" when someone was ready to do something tragic; on one occasion the individual had taken a bottle of oxycodone and called me about a matter with his pets. I sensed a serious problem, called 911, and he was treated at a hospital, and he recovered. This was during working hours, a response that was mercifully quick, but had it been late at night this may not have turned out this way.

The emergency number can be crucial for both someone who changes his/her mind after a drug overdose, or for someone who learns of a crisis and can then respond quickly. This is both about access to quick response, and the option of a response. My experience has been that crisis response is not efficient outside working hours. When Menninger's left and State Hospital closed down options for quick crisis response became few, and the presence of qualified, medical professionals to respond when the individual shows aggression even fewer.

Unfortunately, I know many stories of MH crises that ended in death. Any change to those scenarios is absolutely crucial.

The 988 number identifies a mental health crisis so is specific to a problem that can then quickly alert an appropriate response unit. When an individual experiences personal/emotional crisis to the point of harming self or others the speed of a response is the most crucial element in successfully defusing the situation.

I wish to congratulate those who have advanced this very crucial response plan to an issue that has devastated so many families who have felt helpless in crisis. This is only one way of responding, but it is an important element in the array of response needs for people who experience personal, mental health crises.

Kelly Reding

Junction City, KS

Testimony in Support of H.B. 2281

I contacted the 1-800 crisis number for my teen when she was in a mental health crisis. I remember having difficulty finding the phone number for the crisis line and having to search it on Google. My daughter was given an in-crisis screening by a volunteer who shared mental health resources with her. I did not feel confident my daughter was given a proper mental health crisis evaluation by a trained mental health professional.

Dialing 988 is much more accessible and easier to remember in a mental health crisis situation. Also, this service is much more accessible, convenient and less expensive than going to the emergency room for crisis intervention. I feel confident knowing individuals in crisis who dial 988 are connected to trained mental health professionals in their zipcode where they live.

An immediate response when in a mental health crisis is convenient, accessible and can help save lives.

Please support H.B. 2281.

Heather Carty

Wichita, KS

Testimony in Support of H.B. 2281

I've been involved in three mental health crisis involving my son and the police who was criminalized "to help him" the first time when he was suicidal. I spent over an hour in the phone with our local DA who was perplexed about what to do then came to the conclusion pressing charges was the "only way to help" in this state. While in jail getting the supposed help, my son carried through the suicide attempt while in 'suicide watch' and had to rushed to the hospital affirming the need for help was real. And each time since the first situation, my son has been deemed aggressive or dangerous. The second incident, another suicide attempt, turned into a standoff between my son and the police with me in the middle so he could have a chance to survive. The third incident resulted in more charges instead of much needed mental health services. I have had a probation office call me crying saying she has never seen anyone she served treated the way my son has been treated. I've had numerous professionals saying specifics of these incidents do not make sense to them. I recently filed a complaint because officers dismissed the need for a CIT team. The only time I feel anything went right was during the standoff when an officer began to acknowledge things for what they were, a mental health crisis and not a criminal situation. This officer used time and distance as a tactic. He found a connection and built on that to wait out the heightened state my son was in. He even remained on scene when everyone else left to ensure we were ok and validated.

Having more CIT teams would change the trajectory of many families lives by sending out trauma informed and trauma sensitive staff willing to use time and distance instead of bringing a punitive mindset into the crisis. This would reduce criminalization for mental health situations which only compound trauma(s).

H.B. 2881 will reduce the impact of traumatic events on the entire family system while allowing families to feel more supported and safer enough to ask for help. It would reduce the stress on officers who are not properly trained or have time and resources to deal with crisis situations. And, it will improve collaboration between systems that intersect through crisis situations and traumatic events.

Trauma Informed Care training is not expensive and can be offered to multiple systems at many levels. If we could just get people truly trained to approach each crisis situation as a traumatic event, we will cut down on causing more damage and enhance safety for individuals, communities and agencies.

Carolyn Evers

Lawrence, KS

Testimony in Support of H.B. 2281

Our son, age 55, a smart, successful high school athletic director for Mulvane, KS. took his own life on September 14, 2021. We had no idea he was suffering because we were separated from him for health reasons. With him involved in high school athletics, he was at high risk of contracting Covid and as his elderly parents, we were at high risk of serious complications from it. So he stayed away and our phone calls from him became fewer and farther between. We thought he was just really busy because Covid had wreaked havoc for educators' jobs. He was single and worked in his community about 12-13 hours a day. He could not confide in community members or go to local services because small towns gossip and he wanted to be strong example for his kids. We did learn that he reached out for help from the VA in Wichita and had one appointment there, but the wait time for appointments were probably a deterrent to him for seeking more help. He was alone and with nowhere to turn, at least that he knew of, nowhere that was safe for his privacy or that could be accessed in a moment's notice. We need to keep this from happening to anyone else by having a well-publicized 988 number with trained professionals answering around the clock.

Professionals are trained to coach and counsel someone through this type of crisis, not just be sympathetic listeners.

Having a dedicated mental health line would mean that people calling could be free from guilt about the concern that they might be taking away resources from something they might consider a more important crisis than their own. Our son had lots of pride, too much. He would have never called 911 to report an "emergency" about depression, anxiety or suicidal thoughts.

Our son, Doug Evers, was only a couple of years away from retiring from his job as vice-principal and athletic director from a Kansas high school. He had recently gotten a real estate license with plans to pursue that after his retirement from the school system. He had nieces and nephews who he adored and who all looked up to him. He had a future! But in a moment of crisis, with nowhere to turn, he changed the course of our family dynamics forever.

Please pass this bill to make it simple for busy people to reach out for professional help. Thank you.

Jane Gruber

Morrill, KS

Testimony in Support of H.B. 2281

I had a niece, a graduate of Washburn Law School in Topeka, who suffered from a psychotic break. She was taken into custody by the police, after acting erratically at a quick shop and then she was admitted to an ER, where the doctor determined she was having a psychotic break. She was dismissed several hours later after the doctor decided she was not a threat to herself or others.

Obviously, she was not in her right mind; her parents and I tried to intervene and get her help at Valeo. A person on the crisis line at Valeo told us to bring her into their facility, but we couldn't convince her to go with us. She was talking to nonexistent people, she was lashing out and her volatile, unpredictable behavior was scary. At one point, she made a run for her car to leave her apartment complex and we knew at all costs, we had to stop her, as she would be dangerous on the road. As we tried to stop her, my sister-in-law and I became entangled with my niece in the driver's seat and while we were telling her to stop and not leave, she started her car and drove off dragging us on the driveway. It was the most terrifying experience of my life. She sped down the street and entered traffic on 21st St. in Topeka; we called the police to report the situation and express our concerns about her erratic behavior and danger behind the wheel. Two officers responded to the call and said there was nothing they could do! They were aware that the police had been called numerous times to the complex due to my niece's behavior; they were aware that she had been taken into custody early that morning, but they said there was nothing they could do, as she was not a threat to herself or others. I showed them the holes in my jacket, where I was drug; I showed them the lacerations and the beginnings of bruises, and asked if they thought she was a danger to others. They said they would not consider that so and there was nothing they could do.

The bottom line: we needed help to get HER help! We needed someone with the proper training to talk to her; to reason with her; to work with her to get her the help she desperately needed. In the end, she disappeared somewhere in Kansas City and was gone for over one and a half years. Her car was abandoned in Omaha. She lived as a homeless person, on the streets in Washington DC and Philadelphia, before someone put her on a bus back to Kansas City. We don't know all the particulars of her experiences on the East Coast, but one can imagine it was frightening, especially for a young woman.

I strongly feel if we had gotten the help we needed that day in Topeka, her life could have been spared the injustice and pain of the system ignoring mental illness. She needed help; everyone knew she needed help and we couldn't find it.

Dialing 988 will mean that trained professionals, with experience in mental health, will be available to offer assistance to individuals and families. They will be able to tell families what to do and what to say; mental health professionals will respond to the scenes and deescalate the

situations and get individuals the help they deserve. We didn't know what we were dealing with that day; we didn't know what to say or do. A response team would be better equipped and trained to handle the situation.

Families and individuals need to know they have somewhere to turn in a mental health crisis.

Jenna Groth

Lawrence, KS

Testimony in Support of H.B. 2281

I used to take calls for crisis lines, including the National Suicide Prevention Lifeline. Some of my clients did not want to interact with 911 staff but were in immediate crisis and needed on-ground support. They would have benefitted from having a team of mental health professionals show up on-site, instead of traditional 911 services. My decision to call 911 to intervene in suicides has led to a damaged relationship with NSPL callers, which could have been prevented if their local areas had the full crisis continuum of care options.

This would be better service for clients and friends who feel more escalated when meeting with traditional 911 services instead of mental health professionals. People in my personal life and clients would feel less much more comfortable seeking the help they need.

I am in favor of 988 and H.B 2281. I don't want to provide a lot of details, but suicide has affected me personally.

Dr. Joy Koesten

Leawood, KS

Testimony in Support of H.B. 2281

Like many in Kansas, my husband Stewart and I know first-hand how difficult it is to access life-saving resources during a mental health crisis. Our oldest daughter, Leah, struggled with anxiety, depression, and addiction for well over a decade. It was only after her second suicide attempt that we finally understood that the core driver of her struggle was rooted in a childhood trauma she had kept secret for over twenty years. It took another three years to get her into a suitable treatment program, in another state, and then another two years for her to get back on stable ground.

This summer, Leah will celebrate 10 years in recovery. She is an amazing woman who lives and works in Nashville. Drawing on her personal experiences, Leah is passionate about recovery and relational health. She just completed her master's degree in clinical counseling, is a trained Certified Peer Recovery Specialist and a Certified Relationship Coach. She works at one of the largest nonprofit alcohol and drug-addiction recovery centers in Tennessee. When Leah is not working with clients, she sings in the Nashville Symphony Chorus! We are grateful for every single day.

Recovery is possible with research, education, and resources.

Leah is one of the lucky ones, she survived. But it shouldn't have been this difficult for her or for her family. We should have been able to understand her struggle sooner. We should have been able to talk more freely with friends and family about what we were going through. And, we should have been able to find adequate treatment right here at home much sooner.

Our daughter lost 10 of the most productive years of her life because we couldn't find help sooner. So did we - believe me, family members lose productivity too when they are working from crisis to crisis and trying to keep their loved-one alive. Having a crisis line such as this would have helped us find local resources faster, saving us heartache, personal loss and financial loss.

No family should face a mental health crisis alone and this bill will make sure that Kansans have access to the resources they need to recover. Please vote Yes on H.B. 2281.

Sheila Officer

Wichita, KS

Testimony in Support of H.B. 2281

As part of the Wichita, KS community, I am also a community advocate and chair of a grass-root organization that address social and civil rights wrongs. In my community, we have had three KNOWN deaths, one a child who if mental Health Crisis 24/7 were available, and the professionals needed were there, they would NOT have died. Just recently 17 years of age Cedric Lofton died under the care, custody and control of Sedgwick County LEO and Sedgwick County Juvenile Detention Officials. His family called 911 and were ADAMANT in saying he is having a mental crisis. Law enforcement was sent and that aggravated the situation since they are NOT trained professionals to deal with the mentally ill. As a board, we have suggested implementing a 3-digit number that is received and responded to by a mental health crisis professional team. This is needed as well as an increase in service operating 24/7 in all 4 Bureaus of our local City and County department. This needs to change and as taxpayers, we failed this family and this child!

Dialing 988 instead of 911 means we get a specialized number of Mental Health professionals ONLY. Not LEO who are NOT trained and jeopardize the safety of the crisis person.

Look at the Portland, Oregon program: the Behavior Unit Team has been in existence for some time. The program is under the Police Department, and they have an assigned task force to this unit that receives 80 hours of training, plus ongoing training throughout the year. You don't have to re-invent the wheel. It's already in use.

Please pass H.B. 2281.

It will save lives. Please check out the child recently killed who was crying out for help, and did not get it.

Now we are told, NO BUDGET. Invest in the people, not paper!

Lori Ann Barnes

Caldwell, KS

Testimony in Support of H.B. 2281

Our oldest son Daniel, at 21 yrs. old, took his life July 8, 2021.

He had battled mental illness for the past 3 years. The last 2 weeks before his death he was in very bad shape. We called the CIT in 3 times, since he didn't live with us anymore, and he told them he was fine. Since he was over 18, they said their hands were tied and couldn't do anything. We had text messages that he wasn't ok, and needed help.

I believe that 988 responders will have better training regarding to mental health, which will help those that call. They will have resources that will be helpful.

Daniel most likely would have gotten the help he needed at that moment.

I would be willing to talk to anyone involved with this Committee.

I will be in Topeka February 21-22. Please feel free to reach out! Thank you.



**American
Foundation
for Suicide
Prevention**

Greater Kansas

**Written Testimony in Support of HB 2281
House Health & Human Services Committee
February 15, 2022**

Chairperson Landwehr and Committee Members:

The American Foundation for Suicide Prevention (AFSP) Greater Kansas Chapter writes in support of House Bill 2281, which would implement the national 988 suicide and mental health emergency response system in Kansas. AFSP is the leading national not-for-profit organization exclusively dedicated to saving lives and bringing hope to those affected by suicide; our local Greater Kansas Chapter carries out this mission across the state through research, education, advocacy, and support. In 2020, we lost 531 Kansas residents to suicide, up from the 523 we lost in 2019. That same year, suicide was the 2nd leading cause of death for teens and young adults ages 15-34 and the 9th leading cause of death overall.

On October 17, 2020, President Trump signed the National Suicide Hotline Designation Act (S.2661) into law, designating “988” as “the universal telephone number for reaching a national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline.” 988 will be operational nationwide by July 16, although the 10-digit number (1-800-273-8255) will remain operational during and after the transition. The Designation Act also included language allowing each state to pass their own legislation funding 988 and their local in-state crisis call centers the same way as 911, through state-managed monthly customer service fees.

State support for and investment in crisis support systems and call centers within the Lifeline network is critical. While the Lifeline is a national program, federal funding is minimal for each center and largely goes toward managing call routing, best practice standards, public messaging, and technical assistance. Local crisis centers therefore rely on funding from state and local contributors to operate and grow.

As the July launch date nears, Kansas must invest in our local crisis call centers and the continuum of community crisis services that can support callers needing an in-person response. An appropriately resourced 988 system consists of immediate access to an effective and coordinated system of suicide prevention crisis services – crisis call centers are the hub of this integrated system which also includes access to mobile crisis teams and crisis stabilization centers.

The transition to 988 is anticipated to result in a significant increase in crisis center call, chat, and text volume -- the number is easier to remember, Kansas residents continue to face pandemic-related stressors, and there will be a national marketing campaign to inform the public about the change. Reliable, sustainable funding will be needed from multiple sources, including federal, state, and local contributors, for Kansas’ crisis service systems to continue to operate and expand to meet growing community crisis needs.

HB 2281 would implement a 988 service fee to support the implementation of 988, as outlined by the unanimously acclaimed National Suicide Hotline Designation Act. The “provision of acute mental health, crisis outreach and stabilization services” set forth by the federal law and advanced by HB 2281 includes “personnel and behavioral health, crisis outreach and stabilization services with emphasis on expanding services to rural areas,” “[the provision of] mobile crisis response services for persons with intellectual or developmental disability; and [the provision of] mobile crisis response services for behavioral health needs.” Fee revenue should supplement, not supplant, funding from diverse sources.

When in-state call centers are unable to answer calls to the Lifeline, callers get re-routed to other centers out-of-state and into the Lifeline’s National Backup Network. This can result in longer wait times and fewer linkages to effective local care. In contrast, in-state crisis centers connect callers to local counselors who are familiar with the community and better equipped to provide culturally competent support and referrals to local community resources and other lifesaving follow-up care.

Mobile crisis response is crucial for the implementation of 988 in Kansas. The Sunflower State currently does not have the capacity to provide mental health crisis response when individuals calling 988 need in-person interventions. This responsibility falls upon emergency responders, most commonly law enforcement officers who are often not trained in managing a suicide or mental health crisis. An average of 10% of law enforcement agencies’ total budgets was spent responding to and transporting persons with mental illness. And research shows that over 20% of total law enforcement staff time is spent responding to and transporting people with mental illness.¹

A 988 crisis services system that is effectively resourced and promoted will reduce healthcare spending with early intervention, reduce the burden on emergency rooms and law enforcement, and improve outcomes for individuals experiencing a suicide or mental health crisis. It will also ensure more equitable access to and fill gaps in the current crisis response system, particularly those that affect rural and underserved communities.

Members of the Committee, we all have a role to play in preventing suicide, and with your support, passage of this legislation will affirm the state’s commitment to improving the lives of Kansas’ residents and their loved ones and to preventing the tragic loss of life to suicide in the future. Thank you for the opportunity to submit testimony in support of HB 2281. The AFSP Greater Kansas Chapter is grateful for your consideration of this critical bill and strongly urges your support.

Sincerely,



Barbara Mares
Area Director
AFSP Greater Kansas

¹ Road Runners: The Role and Impact of Law Enforcement in Transporting Individuals with Severe Mental Illness. (Treatment Advocacy Center, 2019). <https://www.treatmentadvocacycenter.org/road-runners>



Feb. 14, 2022

House Committee on Health and Human Services
Kansas State Capitol
300 SW 10th Street
Topeka, Kansas 66612

Re: Support of HB 2281 establishing and implementing 988 as the suicide prevention and mental health crisis hotline in Kansas

Chair and members of the committee:

On behalf of Health Forward Foundation (Health Forward), I submit this letter of testimony in support of the establishment of 988 as the suicide prevention and mental health crisis hotline in Kansas. Health Forward encourages our legislature to ensure a Kansas 988 hotline that advances a coordinated response for all residents experiencing mental health crises.

The National Suicide Prevention Hotline Improvement Act, and the initiation of a national hotline, presents Kansas with an opportunity to enhance the existing community crisis response system. The opportunity of HB 2281 to address cost and capacity of the crisis care continuum is critical to ensuring a successful 988 implementation. Numerous studies show behavioral health crises, drug overdoses, and suicides were at epidemic proportion prior to the COVID-19 pandemic. The strain of the pandemic on our health systems underscores the importance of a state supported 988 system to connect people to care without visiting an already inundated emergency department.

According to the SAMHSA Behavioral Health Barometer for Kansas, the percentage of adults 18 or older experiencing serious thoughts of suicide or serious mental illness (SMI) continues to increase. During 2017–2019, the annual average prevalence of SMI in Kansas was 6.1 percent, higher than the 4.8 percent national average. With an increase of deaths over the past five years, suicide is the ninth leading cause of death in Kansas. Mental Health America 2020 Access to Care data indicates that approximately 71 percent of Kansas youth with major depression episodes did not receive mental health treatment, further elevating the need for access to a suicide hotline to help youth in crisis.

Quality 988 crisis call centers can also play an important role in supporting access to safe, quality, mental health interventions for people of color and rural residents who are paid lower wages. Recent data indicates lower household incomes have been associated with poorer mental health throughout the pandemic (Kansas Health Institute). Reliance on 911 has resulted in tragic outcomes – especially for people of color experiencing mental health emergencies. Between 2015 and 2020, one in four people who were shot and killed by police had a mental illness; one in three were people of color.

A thoughtful 988 implementation plan will advance health equity in Kansas. 988 crisis lines provide a clear pathway to lifesaving care for all people, every time. A state supported 988 process will ensure that crisis mental health help is the same quality experience for people who live in rural areas or represent communities of color.



Health Forward
FOUNDATION

Please contact me at mbryantmacklin@healthforward.org if I can provide additional information on this issue.

Respectfully,

McClain Bryant Macklin

McClain Bryant Macklin

Director of Policy and Strategic Initiatives