

KANSAS MENTAL HEALTH COALITION

.....*Speaking with one voice to meet the critical needs of people with mental illness*

Suicide Prevention – Fund Lifelines and Coordinator

Position: Improve the statewide response to the growing suicide rate by increasing state funding for suicide crisis phone line services and creating a full-time KDADS suicide prevention coordinator position.

The Problem: According to the CDC, Kansas suicide deaths have increased 45% from 1999 to 2016. In the last three years, the statewide crisis hotline center providing services to all Kansans on the National Suicide Prevention Lifeline (NSPL), has seen a 45% increase in calls. Often the first point of contact for people in crisis is a phone crisis line like the NSPL. These calls are routed to local crisis lines, and if those centers are busy they rollover to non-local centers. Kansans who called the NSPL in the last 24 months have increasingly have been answered by non-local call centers. The rate of calls answered out of state have grown from 18% to 44%. This is problematic because non-local centers are slower to respond. This also endangers Kansas' ability to seek federal suicide prevention funds; SAMHSA suicide prevention grants require an in-state answer rate of at least 70%. NSPL services are an effective part of the crisis safety net for providing life-saving interventions. In fact, a 2010 study published in *Suicide & Life-Threatening Behavior* indicated half of the crisis callers have a plan for suicide. Eight percent of callers have taken steps to attempt suicide, 56% of these said they were no longer suicidal after calling.

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Why This Matters: Kansans from all regions of the state deserve access to the services and resources that prevent suicides. The Kansas Health Institute reported suicide disproportionately affects rural and frontier counties. Kansas' overall suicide rate is 17.8 per 100,000, which is significantly higher than the national rate. Rural and frontier counties have a rate of 22.0 and 25.9 per 100,000, respectively. Frontier residents not only have the highest suicide rate and experience challenges in accessing traditional mental health care, but also account for the smallest percentage of suicide hotline callers. Nationally, the rate of Native American suicides is rising, but there is no current way to reliably measure Native American suicides in Kansas. Youth suicide is also on the rise; the Kansas Communities That Care Survey shows the number of students who thought about, planned, or attempted suicide has risen over the past three years. The rise in suicide across the state geographically and demographically show suicide is not a problem which can be ignored and which requires more robust crisis services. Crisis phone lines are a first step and often the only needed step in moving someone from a suicide crisis to safety. In an evaluation, SAMHSA found 80% of people felt a call from a NSPL-affiliated call center kept them alive.

Bottom line: Properly funding suicide crisis lines including adequate resources for phone follow up on safety centers saves lives. With suicide calls increasing in Kansas, more funding is needed to increase capacity for NSPL services. Kansas' suicide hotlines face not just increased utilization, but also a need to expand accessibility to rural/frontier residents with technology upgrades such as text service. With a clear need to further study the needs of specific populations and to connect efforts, a full-time state suicide prevention coordinator is necessary.

Telling more of the story

Suicide is a public health problem which requires a strong network of life-sustaining activities. Crisis hotlines like those provided by Headquarters, Inc., Kansas' only statewide suicide prevention center, avert crisis hotline callers from Emergency Departments and make referrals to long term supports as necessary. Due to the interconnected nature of effective suicide prevention services, it is necessary to have a full-time State Suicide Prevention Coordinator who can work to link and strengthen efforts of existing organizations.

When the NSPL is contacted, the caller is directed to a nationally accredited center serving their state. This allows the caller to speak to a counselor who is knowledgeable about local resources. If the local center is busy, callers are directed to a bordering state. If those call lines are busy the caller is placed on a national backup queue, which greatly lengthens wait times during a crisis. Arkansas recently went two years without a nationally accredited NSPL center. Callers reported experiences of being sent to voicemails while trying to access crisis support. Arkansas now has a grant-funded call center and anticipates spending \$480,000 annually when the grant expires. Oklahoma's main call center receives about the same amount of calls as Headquarters, Inc. and receives \$615,000 in public funding.

Headquarters, Inc., the only entity answering the NSPL statewide, provides free counseling services at a low overhead cost with highly trained volunteer counselors. Although Kansas has experienced a 45% increase in calls, the number of counselors has remained the same for the last several years due to flattening financial resources. In the last 5 years, Kansas has only added one additional call center for the NSPL. This is at COMCARE and only serves Wichita residents. As a result, 86% of the calls from Kansas are routed to Headquarters, Inc. It should be noted that persons enrolled at CMHC's use the afterhours resource provided by their local CMHC. Two CMHC's provide in-house, after hours phone lines. And one contractor provides non-NSPL affiliated, after-hours services to the rest of the state Community Mental Health Centers.

We support any effort that would increase funding for crisis call centers and to hire a full-time suicide prevention coordinator to help increase accessibility for suicide intervention services.

To give every suicidal Kansan the proper care they deserve, we ask for \$500,000 to be spent on our crisis phone line services in order to meet the increasing demand for phone based crisis services. This funding would also allow expansion of services to include other forms of communication like text service and online support.

In addition to the \$500,000 expenditure on crisis services, funding a full-time suicide prevention coordinator would ensure Kansas has the personnel resources to track ongoing suicide prevention efforts, make recommendations for improving suicide prevention efforts for all ages, and to seek additional funding sources for suicide prevention.