



House Child Welfare and Foster Care

February 20, 2023

Proponent- HB 2407

Chairwoman Concannon and members of the House Child Welfare and Foster Care Committee:

Thank you for the opportunity to testify on HB 2407. My name is Monica Kurz, and I am the Vice President for Policy & Prevention at Kansas Suicide Prevention HQ (KSPHQ). My organization is a one of four 988 Suicide & Crisis Lifeline crisis call centers operating for Kansas. We provide primary coverage for 103 counties in Kansas and backup coverage to Johnson and Sedgwick. We are the only crisis contact center to offer text and online chat support for the entire state.

KSPHQ also serves as a resource center for suicide prevention for partners from many different sectors including behavioral health providers, education, first responders, businesses, and many others. We contributed to the writing of the Kansas State Suicide Prevention Plan and are active members of the Kansas Suicide Prevention Coalition which launched in September 2021. Through the resource center my organization has contact with hundreds of students, parents, educators and school mental health professionals every year.

The trend in Kansas is clear, suicide and suicidality are rising for all age groups despite some one-year decreases in the number of suicides. This problem is especially pronounced for our youth. A recent statistical analysis by the Kansas Department of Health and Environment showed youth age 10-18 had the highest rates of suicidal ideation, self-harm, and suicide attempt emergency department visits every year between 2016-2021, with a 34% increase due to suicide attempts, in 2021 compared to 2016.

Last year there was a significant change in policy which has impeded the ability for school mental health professionals to provide suicide intervention to students. While the consequence of HB 2567 was unintentional, the impact has been clear. The change in statutory language about how a mental health professional must seek parental consent for suicide screening has had the effect of creating barriers to important conversations about suicide and safety. It has caused mental health professionals to experience their ethical obligations to be in conflict with state law.

Additionally, this change was not necessary to support the involvement of parents and guardians in the planning for suicide intervention and safety. It is already well-established precedent for parents and guardians to be informed of the result of any suicide screening or intervention which occurs in schools. The only thing accomplished by the change was to create more instances where the opportunity to keep a child safe could be missed. I would invite you to picture hearing from a teenager that they have been thinking about ending their life. I would then like you to picture how that teenager would react when the next words out of your mouth were "let me call your mom" not "please, tell me more." The practical effect of the change is to stop conversations about safety that need to happen. Suicide ideation is the deadliest when it is secret. We are the



least likely to help our children when we do not know they are suffering. I urge the committee to favorably recommend the language in HB 2407 which makes clear that suicide intervention has a place in the work of school professionals.

Kansas Communities That Care (KCTC) is the most comprehensive survey on the mental health and community strengths for youth in the state of Kansas. We rely on this survey to assess local communities' levels of youth depression, social isolation, bullying, and suicidal thoughts when determining how to prevent suicide in local communities. As awareness of the low sample size of KCTC data has reached community partners, it has become difficult to cite KCTC data in grants, community presentations, and community strengths assessments without objections from community partners about the data's accuracy. This has led to decreased resource sharing among potential community partners and increased confusion as to what appropriate steps are to reduce suicide with collaborating community partners.

Unfortunately, KCTC switched from an opt-out approach to an opt-in approach in 2015, resulting in a 28 percent drop in participation from 2014 to 2018. As our knowledge of community supports for youth has decreased, suicide among youth has increased at an alarming rate. According to the 2020 Annual Report from the Kansas State Child Death Review Board, suicide deaths among children age 10-14 has increased by 2.5 per 100,000 from 2013 to 2018, and suicide deaths among teens age 15-17 has increased by 12.6 per 100,000 in the same time frame.

To partner with local organizations, we must have accurate data on common risk factors for suicide and suicidal ideation and planning prevalence are in local communities. We need KCTC to return to opt-in to combat this.

I am happy to respond to any questions at the appropriate time.

Submitted respectfully,

Monica Kurz

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