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Laura Howard, Secretary

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Neutral Testimony

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

House Energy, Utilities & Telecommunications Committee Andrew Brown, Commissioner of Behavioral Health Services Kansas Department for Aging and Disability Services

March 10, 2022

Dear Chairman Finch and Members of the Committee,

Thank you for the opportunity to provide neutral 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.

The final date for telecoms to implement the switch to 988 is July 16, 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.

The Crisis Now model calculator below demonstrates both the costs and savings to the state of implementing this model. This calculator below demonstrates total all funds costs for a population of 1M, Kansas has a population of 2.9M and so figures below could be multiplied by 2.9 to determine potential Kansas costs and projected savings of a braided funding system.

Crisis Now Crisis System Calculator Projections - Pop. 1,000,000							
	No	Crisis Care	Cri	sis Now			
# of Crisis Episodes Annually (200/100,000 Monthly)		24,000		24,000			
# Initially Served by Acute Inpatient		16,320		3,360			
# Referred to Acute Inpatient From Crisis Facility		2 3		1,336			
Total # of Episodes in Acute Inpatient	16,320			4,696			
# of Acute Inpatient Beds Needed	500			144			
Total Cost of Acute Inpatient Beds	\$	164,179,200	\$	47,237,736			
# Referred to Short-Term Bed From Stabilization Chair		2 0		5,342			
# of Crisis Beds Needed				41			
Total Cost of Short-Term Sub-Acute Beds	\$		\$	13,356,000			
# Initially Served by Crisis Stabilization Facility				12,960			
# Referred to Crisis Facility by Mobile Team				2,304			
Total # of Episodes in Crisis Facility		■ 0		15,264			
# of Crisis Stabilization Chairs Needed				48			
Total Cost of Crisis Stabilizartion Chairs	\$	=	\$	18,840,137			
# Served Per Mobile Team Daily		4		4			
# of Mobile Teams Needed		14.		7			
Total # of Episodes with Mobile Team		. ₩2.		7,680			
Total Cost of Mobile Teams	\$		\$	2,761,644			
# of Unique Individuals Served		16,320		24,000			
TOTAL Inpatient and Crisis Cost	\$	164,179,200	\$	82,195,517			
ED Costs (\$1,233 Per Acute Admit)	\$	20,122,560	\$	5,789,675			
TOTAL Cost	\$	184,301,760	\$	87,985,192			
TOTAL Change in Cost				-52%			

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 the Crisis Now model there are three main components; a number to call, a team to respond, and a place to go. 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. The acute mental health, crisis outreach and stabilization services proposed in the original HB 2281 represent only a small fraction of total systems costs. The below chart contains more information:

Cost for Kansas Population 2.9 Million	Crisis Now Model Services		
\$136,989,434 AF	Acute Hospital Beds		
\$38,732,400 AF	Crisis Intervention Centers		
\$54,636,397 AF	Crisis Stabilization Units		
\$8,008,767 AF	Mobile Crisis Teams		
\$255,157,056 AF	All Services Totaled		

The original 2021 HB 2281 fiscal note estimates the 988 fees at 50 cents per month will generate \$17.4M in new revenue annually. The chart below outlines what various fee levels would generate and what continuum of care services KDADS would plan to fund with those amounts. The 988 Call Center line does not include the current \$3M in the KDADS budget from SGF or Federal sources. The total needed for 988 contact centers for all funds \$6M for FY23.

	\$0.50 = \$17.4M	\$0.40 = \$13.92M	\$0.30 = \$10.44M	\$0.20 = \$6.96M
	annually	annually	annually	annually
988 Promotion	\$1M	\$1M	\$1M	\$1M
988 Call Center	\$3M	\$3M	\$3M	\$3M
Care Transition	\$500,000	\$420,000	-	-
Mobile Crisis	\$5.5M	\$5.5M	\$4.44M	\$1.5M
Crisis	\$4M	\$4M	\$2M	\$1.46M
Stabilization				
Crisis Residential	\$1.9M	-	-	-
Suicide	\$1.8M	-	-	-
Prevention				

KDADS is excited for the opportunities to expand the mental health safety net with what implementation of 988 will bring and looks forward to partnering with the legislature to provide a stable source of funding for these lifesaving services. The potential promise of an adequately funded 988 Crisis Now model for service delivery is someone to call, someone to respond, and somewhere to go for every Kansan in their time of crisis. Thank you for allowing us to provide testimony on this important issue.