



Testimony to the Youth Suicide Prevention Task Force

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Co-Chair Schmidt, Co-Chair Tompkins and members of the Youth Suicide Prevention Task Force, my name is Kyle Kessler. I am the Executive Director for the Association of Community Mental Health Centers of Kansas, Inc. The 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. In Kansas, CMHCs are the local Mental Health Authorities coordinating the delivery of publicly funded community-based mental health services. 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.

Our Association appreciates the opportunity to submit testimony to the Youth Suicide Prevention Task Force. We are grateful for the efforts of the Tower Mental Health Foundation and Dr. Walt Menninger’s leadership along with Attorney General Derek Schmidt for bringing this very important issue of youth suicide to the forefront.

The statistics around suicide, and especially youth suicide, are of great concern for our Association. According to the *2016 Kansas Annual Summary of Vital Statistics* from the Kansas Department of Health and Environment, the second leading cause of death of young people for the 15-24 age group is suicide. This number was more than the third, fourth, and fifth leading causes of death combined which were homicide, cancer, and heart disease respectively. Suicide is also the second leading cause of death for the 25-44 age group. The May 2015 *Kansas Health Statistics Report* states that the Kansas suicide rate in 2013 was 16.7 percent higher than the national average. Just as alarming, a recently released report from the U.S. Centers for Disease Control (CDC) reports that the Kansas suicide rate increased by 45 percent from 1999 to 2016.

We have a youth suicide issue in Kansas that is simply heartbreaking, and we feel is reaching epidemic proportions. These statistics in addition to recent reports of suicide attempt clusters of young people in many counties, both urban and rural, around Kansas, require our system to consider this a public mental health crisis. Not a week goes by without us hearing about either an attempted or completed suicide by a school-age child and it feels like we are losing a generation. This is a multidimensional issue and we need to figure out a way to ensure that youth can access treatment when they are facing a mental health crisis.

Any additional resources to help those children who are experiencing a mental health crisis are needed. We have been supportive of programs that have been recently enacted by the Legislature. Juvenile crisis intervention centers were authorized through 2018 Senate Bill 179 and we feel like this was a step in the right direction considering that demand for youth inpatient resources have been diminished over the last decade. This bill was the result of copious amounts of study by the Kansas Judicial Council and the concept was vetted by an advisory committee made up of experts from around the State. Additionally, through 2018 Senate Bill 423, the Legislature appropriated \$10 million for a school mental health pilot program that aimed to bring clinical mental health and case

management professionals into schools so that students would have ready access to these professionals while in their school environment.

Our view is that we must improve social-emotional wellness and outcomes for students by increasing access to counselors, social workers and psychologists statewide. While the mental health pilot program in Senate Bill 423 is still only a pilot program in six school districts, we hope that this program will be taken statewide within two years. The Legislature also provided \$116,200 for us to fund a statewide instructor course for Mental Health First Aid training. Mental Health First Aid (MHFA) is an 8-hour course that teaches participants how to identify, understand and respond to signs of mental illnesses and substance use disorders. The training gives participants the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. Since July 2018, we have trained 24 CMHC employees to be Youth MHFA Instructors. Eight additional employees became dually certified (Youth and Adult). Since August, nine MHFA trainings have been completed and with 246 individuals trained.

In addition to the programs supported by the Legislature last session, we have been active with our members in providing Applied Suicide Intervention Skills Training (ASIST), which is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. The Association coordinated an ASIST Training for Trainers in February 2018, resulting in 22 CMHC employees trained as instructors. As a result, these individuals have trained 418 people. Currently, there are 6 trainings scheduled to occur by the end of 2018. Our ASIST efforts are funded in large part by a generous grant made by the Tower Mental Health Foundation, and we are very appreciative of their support.

While we feel like our efforts have been and will be successful both in training and supporting legislative initiatives that will address the youth suicide epidemic. We have experienced a number of hurdles including:

- Lack of funding for the ASIST courses/materials
- Time commitment for the workshops (ASIST is two consecutive 8-hour days; MHFA is an 8-hour workshop)
- Removing the stigma associated with mental illness from communities and professionals that are not as exposed to the reality of mental illness. The focus needs to be on encouraging communities to be more proactive (before a young person or community member attempts or completes suicide) instead of reactive (offering the workshop after a completed suicide).

Our recommendations to this task force would be centered around supporting our efforts, both inside and outside of the legislative process, to ensure that our suicide prevention efforts can be sustainable and ongoing. Specifically, as it relates to our MHFA and ASIST trainings, we have the following suggestions:

- Encourage ASIST and MHFA in schools for faculty and student identified leaders. ASIST is suggested for anyone 16 years of age and older. MHFA requires participants to be at least 18 years old.
- Encourage colleges, medical offices, schools, clergy, state employees, foster care agencies, placement providers (relative placement, non-related kin, foster parents, adoptive parents), CASA volunteers, Big Brother/Big Sister volunteers, court officers, and juvenile justice workers

to reach out to community mental health centers, so they can be involved with and participate in upcoming ASIST and MHFA trainings.

- Ideas for suicide prevention initiatives are as follows:
 - Advocate for health, mental health and prevention services
 - Provide education
 - Increase crisis services
 - Referral support
 - Counseling and personal development
 - Increase anti-bullying programs
 - Educating youth during the transition to college, those exiting foster care, etc.
 - Continued support of the Jason Flatt Act to educate those working in schools, including teachers, secretaries, cafeteria staff, janitorial staff, etc.
 - Provide local resource information in packets provided to incoming college freshman or to those youth/young adults as they exit from state custody.
 - Provide education to resident assistants on college campuses
 - Educate physicians, nurses, and other health professionals (health departments, health clinics)

Thank you for the opportunity to submit this testimony and I would be glad to provide additional details or testify in front of the Task Force in the future.