STATEMENT OF SUE ANN ATKERSON, LPC, MBA, CHIEF EXECUTIVE OFFICER OF BEHAVIORAL HEALTH LINK BEFORE THE UNITED STATES HOUSE OF REPRESENTATIVES COMMITTEE ON ENERGY AND COMMERCE, SUBCOMMITTEE ON COMMUNICATIONS AND TECHNOLOGY

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Chairman Doyle, Ranking Member Latta, and Members of the Committee — thank you for the opportunity today to speak with you on the bipartisan H.R. 4194, the National Suicide Hotline Designation Act. Also, thank you to this Committee and its members, and other members of Congress in the Senate and the House, for your leadership in strengthening the country's suicide prevention and crisis care services.

I am Sue Ann Atkerson, Chief Executive Officer of Behavioral Health Link (BHL) and the Chief Operating Officer for RI International. BHL provides the community-based call center hub and mobile outreach, and RI International offers crisis facility services; together, they offer a full continuum of crisis services. I am also a leading contributor to the development of the National Action Alliance for Suicide Prevention's *Crisis Now* exceptional practice standards in crisis care.

Together, BHL and RI International deliver a full continuum of best practice crisis services, powered by customized software and technology solutions and real-time access to mental health and substance use services. We divert thousands of people from hospital emergency rooms and justice systems to mental health care in communities throughout the United States. As CEO of BHL, I lead a team of visionary crisis innovators whose breakthrough technology and crisis services have been featured worldwide. For example, BHL operates Georgia's statewide Crisis and Access Line, offering the nation's broadest application of advanced crisis call center technology through our *Care Traffic Control* system. We deliver and/or deploy 24/7 community-based mobile crisis in all 159 Georgia counties and have been recognized for innovation by the National Council for Behavioral Health, the Council of State Governments, and Harvard University.

In this testimony, I will provide further detail on my three main points:

1. Suicide is a leading cause of death in the United States, and the numbers are growing;

2. Fast access to the National Suicide Prevention Lifeline (NSPL or Lifeline) via 988 will save lives; and

3. Specialized services for acutely at-risk populations, like LGBTQ youth and veterans, are essential and proven effective.

I will conclude by sharing the compelling case study of Misha Kessler and a brief discussion of the vital role of funding the Lifeline, call centers, and infrastructure.

Suicide is a Leading Cause of Death in the United States:

Suicide is the 10th leading cause of death for Americans overall and the 2nd leading cause of death for people ages 10-34. We lost 48,344 Americans to suicide in 2018. When age-adjusted, that is 14.2 per 100,000 individuals. It is essential to note that suicide has an echoing effect, with people close to those who die becoming more susceptible to depression and having a heightened risk of suicide.

Populations particularly vulnerable to suicide are veterans and LGBTQ youth. Non-Hispanic American Indian or Alaska Native (AIAN) suicide rates have increased by 139% among females and 71% among males. There are also significant increases in suicide attempts. For instance, the number of African American adolescents who self-reported suicide attempts rose by 73% between 1991 and 2017. According to the Centers for Disease Control and Prevention (CDC), in 2017, 10.6 million American adults seriously thought about suicide, 3.2 million made a plan, and 1.4 million attempted suicide.

Fast Access to the Lifeline Saves Lives:

Researchers know that the duration of time between a person deciding to act and attempting suicide can be as brief as 5 or 10 minutes, making time in a psychological crisis no less critical than during a medical one. Adopting 988 helps ensure that those contemplating suicide can get help quickly and effectively. That's why last year, Congress passed the *National Suicide Hotline Improvement Act of 2018*, tasking the Federal Communications Commission (FCC), in consultation with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Veterans Affairs (VA), with studying the feasibility of an easy-to-remember, 3-digit dialing code for mental health and suicide crisis. In its August 2019 report back to Congress, the FCC concluded the 988 code would be the most effective.

This bill, officially designating 988 as the 3-digit number for mental health and suicide crises, will be a landmark step toward parity, finally putting behavioral health on equal footing with physical health. Fifty-three years ago, the FCC established 911, changing the course of emergency care from a cobbled-together approach that included dialing 0 for an operator or running to the nearest police or fire station to an efficient, life-saving response system. This has transformed our medical crisis response system nationally, and fortunately, the same can be done for suicide prevention.

To that end, RI and BHL applaud both congressional and legislative progress on this front. On August 14, 2019, the FCC issued a report to Congress in response to the National Suicide Hotline Improvement Act of 2018, a bill that mandated the FCC to evaluate the need for a solely designated 3-digit suicide prevention line. In the FCC's report to Congress from August 2019,

the agency summarized that in 2017, more than 47,000 Americans died by suicide and more than 1.4 million adults attempted suicide.[1] The report identified that from 1999 to 2016, suicide increased in 49 of the 50 states, and in more than half of those states, the increase was greater than 20 percent.[2] In summary, the report shared, "We conclude that the Commission should initiate a rulemaking proceeding through a Notice of Proposed Rulemaking to consider designating 988 as the 3-digit dialing code for a national suicide prevention and mental health crisis hotline." As front line providers of crisis services, we couldn't agree more.

For mental health and suicide crises, 988 has the potential to be as life-saving, ubiquitous, and easy-to-remember as 911. Most of us cannot even remember a time when 911 was not available in the event of a life-threatening emergency such as a stroke or heart attack. That's because, in 1967, the FCC met with AT&T and established a nationwide, easy-to-remember, 3-digit number to make accessing care in a medical emergency readily available regardless of location. Right now, an easy-to-remember, 3-digit number for people experiencing mental health crises is not available, even though psychological crises can be just as life-threatening as a stroke or heart attack. A universal 3-digit number has the potential to drastically alter how mental health crisis care is addressed in this country by providing immediate access to care, reducing stigma, and ultimately saving lives. The implementation of 988 will allow people in a suicidal crisis or mental health distress to access help from anywhere in the U.S. immediately. This gives people in crisis a direct connection to trained professionals who can begin providing immediate care, often resulting in life-saving actions that may otherwise not have been available. Just like in a medical crisis, there is a critical period of intervention, making time of the essence. With timely and appropriate intervention, suicides are preventable, and 988 will be our nation's first line of defense in the fight against suicide and provide a life-saving mechanism for anyone in a mental health crisis.

Specialized Services Are Essential and Proven Effective:

As the transition to 988 will allow more individuals in crisis across the country to more easily access assistance, it is also crucial that the Lifeline considers ways to provide the highest standard of care possible to consumers. Specifically, at-risk populations, including LGBTQ youth and veterans, in need of specialized services when accessing the Lifeline to ensure de-escalation. LGBTQ youth, for example, are four times more likely than their heterosexual peers to contemplate suicide, and the incidence rates for transgender youth have skyrocketed in recent years.

By strengthening partnerships with already existing specialty suicide prevention resources, the Lifeline can best serve populations disproportionately impacted by suicide. The Senate companion bill, S. 2661, includes a section asking SAMHSA to study a plan to implement specialized services for LGBTQ youth and other at-risk populations. Given that more callers would likely access a 988 number, the Senate bill encourages the training of existing counselors

[1] https://docs.fcc.gov/public/attachments/DOC-359095A1.pdf

[2] Ibid

in how best to serve these groups and the potential of diverting calls to specialty organizations that can deliver the highest standard of care. We encourage the House of Representatives to also adopt this language.

The Story of Misha Kessler:

988 is precisely what Misha Kessler needed when he was experiencing a mental health crisis. He was a sophomore nearby at George Washington University when he began to increasingly isolate himself. He kept thinking he had become a burden to friends and family. Combined with insomnia, these ruminating thoughts hit a fever pitch. His solution, an escape from the pain he was experiencing, was to crawl out of a windowsill of his dorm room on the sixth floor and tell himself to jump. When he turned around and saw his reflection in the mirror, he was filled with self-hate. Going back into the room, he punched at his reflection repeatedly, slicing his hand against the glass.

When it comes to suicide, there is no us versus them. There is no *other*. Misha is all of us because a mental health crisis can happen to anyone, anywhere, and at any time. What Misha wishes he'd had access to when in crisis is what we all want for ourselves, family, colleagues, and friends.

Misha knew he needed help but did not know where to go and ended up in inpatient psychiatric hospitalization. It was not the worst experience. Compared to many, it was even okay. What we know today is that suicide mortality is high among people who experience suicidal thinking or deliberate self-harm and go to the emergency room (ER). The problem is that ERs are filled with people who are medically trained to save lives but know little about psychiatric health. These spaces are also overcrowded, which means that people in a mental health crisis can wait for long hours, even days, to get treatment. In most cases, it rips people from their day-to-day lives in the community when that does not have to happen, and it has a cost. The ER and inpatient hospitalization experience can have a psychological and financial toll because it is costly and, by removing people from their lives, it takes them away from their support system and disrupts a person's employment and personal life.

Misha's experience would have likely been different had 988 existed. In that reality, his call would have gone to the NSPL (1-800-273-8255 | 1-800-273-TALK), where 988 will redirect. The Lifeline's local call centers deescalate 98% of calls, diverting people from high-cost ER visits, inpatient hospitalization, overburdened emergency operators, jails, and law enforcement. The Lifeline is administered by the nonprofit Vibrant Emotional Health and funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). It is effective in reducing suicidal and emotional distress, providing 24/7 free and confidential emotional support to people in suicidal crisis or emotional distress across the United States.

NSPL Must Be Funded to Be Effective:

A typical 911 call results in thousands of dollars in cost to taxpayers. In comparison, Lifeline calls cost just a fraction of that. Furthermore, reducing unnecessary 911 dispatch of law enforcement to people in non-emergency mental health crises will free up more resources to respond to public safety needs. It will also reduce the stigma associated with reporting mental health crises. But to make 988 maximally effective, there must be adequate funding to support the existing Lifeline network of more than 170 accredited crisis centers across the United States, which are routed to the call centers by the caller's area code. If what we want to happen transpires, and 988 is as ubiquitous as 911, this will result in an exponential increase in callers. Likely, the number of calls will at least double in the first year, which would result in roughly 4.4 to 5 million callers. These centers, while providing critical help to callers in times of distress, are often under-resourced and under-funded. In fact, 58% of member call centers reported to the Lifeline that they answer calls without any designated funds to do so. There is currently no material funding for the local crisis call centers beyond a small annual stipend and temporary grants to some states to enable more calls to be answered in states where local answer rates are lowest. The result is vital differences in funding, staffing levels, speed of answering calls, and services provided, resulting in an ultimately fragmented system where care varies widely from state-to-state. We need parity for *everyone* experiencing a suicide or mental health crisis, not just some people in some states. Additionally, given call volume is likely to double, we strongly support the language in S. 2661 that would ask SAMHSA to study setting up an IVR to specialty partners, both to decrease caller wait times but also to ensure callers are receiving the best care available.

Crisis call centers that are sufficiently resourced and effectively promoted can meet the dramatically growing need for crisis intervention and connect people in a mental health crisis to trained professionals who can immediately address their needs as well as connect them to ongoing care. Only 2% of calls to the Lifeline's member call centers result in emergency rescue, and most that are needed were done collaboratively with the caller, speaking volumes to the value of highly-trained call counselors. As described above, this is why training counselors to provide the highest care to acutely at-risk populations is so crucial. When stabilization can occur on the phone or through mobile crisis dispatch, it prevents high costs, emotionally and financially. It also reduces avoidable use of law enforcement, public health, other safety resources, and high-cost hospitalization. Furthermore, people in crisis who call the Lifeline have better health outcomes than people in crisis who are triaged with emergency services personnel.

The FCC has noted that roughly $50 million is needed in additional annual funding to support the call centers. It is essential to point out that this number is based on budget projections of what the Lifeline's member call centers need *today* based on call growth projection. Since launching in 2005, the Lifeline has averaged increases in call volume of approximately 15% annually. In 2005, the first year of the Lifeline, it answered over 46,000 calls. In 2019, Lifeline answered over 2.2 million calls. The $50 million in additional annual funding does not include the anticipated boost in calls expected from 988, which means funding will need to be far higher than this projection.

The FCC has said the 988 increase in call volume "would be covered by federal, state, and local governments." I agree that it will undoubtedly need a braided funding approach with a mix of federal, state, and local dollars, including giving states the authority to levy fees such as service charge revenue through wireless carriers. What is important to note is that it will need *all* of these funding streams, or there will not be sufficient infrastructure and capacity to answer the increased call volume from 988.

I fully support H.R.4194 - National Suicide Hotline Designation Act of 2019, which opens the door to state and tribal governments recovering some costs from wireless providers, among other potential revenue sources. While the FCC has indicated an intent to designate 988 as the nation's 3-digit dialing code for suicide prevention, congressional action is urgently needed to ensure the infrastructure and call centers that support 988 are adequately funded. I encourage Congress and the FCC to work with stakeholders, crisis centers, telecommunications agencies, mental health providers, and people with lived experience to help build this public health safety net for all of us.

Ultimately, we ask the Committee to consider my previously described three main tenants in the hopes that this legislation will move as quickly as possible:

1. Suicide is a leading cause of death in the United States, and the numbers are growing;

2. Fast access to the National Suicide Prevention Lifeline (NSPL or Lifeline) via 988 will save lives; and

3. Specialized services for acutely at-risk populations, like LGBTQ youth and veterans, are essential and proven effective.