

**Testimony in Support of House Bill 2308
Suicide Evaluations Upon Admission to Certain Treatment Facilities**

**Presented to the House Committee on Federal and State Affairs
By: Andrew Brown, Prevention Program Manager
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Chairman Barker and Members of the Committee:

My name is Andy Brown. I am the Prevention Program manager for the Kansas Department for Aging and Disability Services. Thank you for providing me the opportunity to discuss this critical public health issue. This is an important part of the prevention work that my team has been tasked with as part of our role in the Behavioral Health Services Commission.

Under current licensing standards, KDADS requires mental health and substance abuse treatment providers to include a suicide risk assessment as part of their patient's health records. This bill requires that the suicide risk assessment be completed at time of admission to an inpatient treatment facility and that the person conducting the evaluation be knowledgeable about suicide risk management. The bill also requires that when identified as at-risk for suicidal behavior, the patient will be monitored and receive additional assistance as needed from the treatment facility.

The Kansas Prevention Collaborative has worked to address common risk and protective factors of suicide, problem gambling, and substance use disorders in communities across Kansas. As part of this prevention effort KDADS has contracted for the development and presentation of training for Substance Use Disorder (SUD) treatment providers on SAMHSA's Treatment Improvement Protocol (TIP 50) Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment. Another training available through the national Suicide Prevention Resource Center is Assessing and Managing Suicide Risk (AMSR). AMSR is a one-day training workshop for behavioral health professionals. This training is the most widely disseminated workshop for practicing clinicians and meets objectives included in the U.S. Surgeon General's National Strategy for Suicide Prevention.

KDADS believes that the TIP 50 training and the use of TIP 50 by SUD treatment providers would help prevent suicide deaths in Kansas among patients receiving SUD treatment. KDADS also feels that AMSR training will increase behavioral health workforce development around suicide risk management. The KDADS BHS prevention program will continue to look for ways to increase access to quality training for behavioral health treatment providers.

KDADS also supports the adoption of the Zero Suicide approach by any health care system in Kansas working with individuals where risk for suicidal behavior can be detected, monitored, and treated including behavioral health organizations, primary care and integrated delivery systems, emergency departments and hospitals,

chronic pain and sleep disorder clinics, juvenile justice settings, senior living facilities, and veteran-serving health care organizations. More information and resources about the Zero Suicide approach can be found at zerosuicide.com.

KDADS supports the passage of this bill as a preventative measure for the critical public health issue of suicide. KDADS suggests amending the language of the bill to reflect the intent is to prevent suicidal behavior by replacing the word “commit” with the word “attempt” on lines 6 and 9 of the bill.