

Testimony
Senate Bill No.2149
Senate Human Services Committee
Senator Lee, Chairman
January 17, 2023

Chairman Lee, and members of the Senate Human Services Committee, I am James Knopik, Manager of Addiction and Prevention Program and Policy with the Department of Health and Human Services' (Department), Behavioral Health Division. I appear before you in support of Senate Bill No. 2149.

The 988 Suicide and Crisis Lifeline is a three-digit emergency number for behavioral health crisis. This number allows individuals experiencing a behavioral health crisis to call or text the simple number 9-8-8 or chat online at 988lifeline.org 24/7 365 days a year. On June 16, 2022 the 988 number rolled out nationwide.

Previously, the National Suicide Prevention Lifeline was accessible by calling 1-800-273-8255. The 988 Suicide and Crisis Lifeline simplifies the number to a three-digit number and broadens the intent of calling the lifeline to include any behavioral health crisis, not exclusively suicide related issues. Additionally, the vision of 988 is to have behavioral health crisis services available in communities across the nation, similar to 911 for medical emergencies.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified a three phased rollout of 988 crisis services. The first phase has a goal of 90 percent of all 988 calls being answered in-state by 2023. The second phase has a goal of 80 percent of individuals

having access to mobile behavioral health crisis services by 2025. The third and final phase of 988 is to have 80 percent of individuals have access to behavioral health crisis stabilization services (a place to go) by 2027.

Currently, in North Dakota the 988 Suicide and Crisis Lifeline is answered in-state by FirstLink who then provides suicide risk assessment, de-escalation, or support to those in need. If needed, FirstLink connects to a local Human Service Center crisis team for additional supportive services as available by the region.

When the vision of 988 is fully operationalized individuals with a behavioral health crisis will receive support from behavioral health professionals resulting in better care, and our current first responders who are operationalized by calling 911 will experience a reduction in calls they are currently dispatched for.

Behavioral health crisis services are a necessary public service similar to how 911 is a necessary service for medical emergencies. The Department supports this Bill that intends to treat crisis behavioral healthcare on a similar footing to existing physical health crisis responses and lays the foundation to develop an infrastructure to grow these services to the needed level to support our citizens.

This concludes my testimony. I would be happy to try to answer any questions the committee may have. Thank you.