

988 Coordinating Council

Friday, April 11, 2025

9am - 12pm

Meeting Notes

Meeting Materials: Agenda, 988 Metrics Report, FY25 Budget vs. Actuals, Proposed FY26 Budget; February meeting minutes

Agenda

9:00 AM Welcome

9:10 AM Center Presentations

10:10 AM Break

10:20 AM Center Presentations (cont.)

11:00 AM FY26 Budget

11:30 AM Other Matters

11:50 AM Next Steps

Attendees

KDADS: Andy Brown (Chair); Laura Brake; Drew Adkins; Aneliese Apala Flaherty; Allyson Sanders

Council Members: Patrick Fucik; Monica Kurz; Zack Odell; Russ Klumpp; Paul Davis; Molly Perkins; Ken Nelson; Colin Thomasset

KHI: Valentina Blanchard; Shelby Rowell; Michelle Sumpter

Other Attendees: Joan Tammany; Michelle Watson, Karli Williams; Colene Medrano; Dan Watkins; Kirk Vernon; Renee Van Meter; K.C. Johnson; Megan Bridges; Jared Auten

Interpreters: Jessica and Lisa

Welcome

- The Council approved the February meeting minutes.

Center Presentations

- **Headquarters, Kansas:** Despite challenges, including leadership turnover, financial strain, and system upgrades, Headquarters maintained 24/7 coverage, answering nearly 15,000 calls in 2024 with an 84% answer rate. Staffing remains a hurdle as the center transitions from a volunteer-based model to permanent staff. They highlighted integration between local and 988 lines, with 444 mobile crisis referrals in Douglas County (39% from 988). Staff morale and retention have improved alongside new hires and leadership stabilization. Outreach reached over 8,000 people, and intern partnerships are being reestablished.
- **Johnson County Mental Health Center:** With over 40 years of local crisis service, Johnson County continues to cross-train staff for both local and 988 lines. They maintained a 90%+ answer rate in 2024 despite doubled 988 volume. Recruitment remains difficult, especially for clinicians on 12-hour shifts. The center is awaiting installation of the Vesta phone system and lacks robust data on its local line. Three FTEs were reallocated to manage volume, but more

staff are needed to sustain services and add 24/7 chat/text. Follow-up is offered to all callers, though infrastructure limits capacity. The center is pursuing ICH accreditation and investing in outreach.

- During discussion, the Council confirmed that the 444 mobile crisis referrals occurred in 2024. The center noted no major impacts from federal funding changes. Vesta system delays were due to the need to relocate a phone line and await installation.
- **Wyandotte Center:** Launched in May 2024, Wyandotte continues to grow. A February phone outage disrupted service, though answer rates have since recovered. The team includes licensed staff, case managers, and peer support on 12-hour shifts. QA processes include monthly supervision and new staff self-assessments. They plan to bring local crisis calls in-house by June and are preparing for increased volume. Outreach is county-specific, and the center is progressing toward full network agreement compliance.
 - The Council asked for more details on the self-assessment process. Staff review and rate their own calls, then discuss with supervisors—an approach introduced last month and already yielding positive results.
- **COMCARE:** COMCARE highlighted its integrated approach, with mental health professionals embedded in 911 dispatch to triage and de-escalate calls. Teams typically deploy in pairs and may include law enforcement. A strong partnership with Sedgwick County EMS supports a collaborative, field-based response. While systems are functioning well, staffing remains a focus to maintain scalability. Their model demonstrates how local and 988 systems can work in tandem to meet community needs.
 - In response to Council questions, COMCARE explained that 911 dispatch routes appropriate calls to embedded clinicians for real-time triage. Mobile teams generally include two responders, with law enforcement support as needed.
- **HealthSource:** Serving all 105 counties, HealthSource uses local crisis lines, mobile teams, and televideo assessments to reach even the most remote areas. Staffing models are designed to support this wide coverage, though sustaining high answer rates remains a challenge. Collaboration with public safety agencies and mobile teams, especially via televideo, helps fill service gaps. The center reaffirmed its focus on statewide, equitable access to crisis care.
 - The Council requested more detail on rural service delivery, and HealthSource shared that remote areas are supported through coordinated local response and virtual tools, ensuring flexible and place-based care.

FY 2025 Budget

- The Council reviewed the proposed FY26 budget, noting that the total funding requests from centers exceeded available resources. During the discussion, members acknowledged that uncertainty around pending federal funding could significantly affect center operations. While current allocations are based on known funding levels, there was concern that future federal dollars may not materialize as anticipated or could be delayed, requiring adjustments to

operations and staffing at the center level. To address the immediate shortfall, the Council discussed reallocating funds from marketing toward direct service operations. There was general agreement that supporting staffing and core operational needs should take precedence over outreach efforts in the current fiscal environment.

- A motion was made and approved to allocate the FY26 budget as follows:
 - **\$9,744,434** to call center operations
 - **\$40,180** to facilitation
 - **\$26,386** to marketing
 - **\$189,000** to salaries
- This allocation reflects the Council's priority of sustaining service delivery infrastructure while monitoring the outcome of pending federal funds, which may necessitate future revisions to the budget.

Metrics and Budget vs. Actual Review

- The council reviewed statewide performance data, noting an average answer rate of 88.1%, a 2% flow-out rate, and an average speed to answer of 23.8 seconds. One area of concern discussed was the high abandonment rate within the first 10 seconds of calls, prompting continued focus on improving responsiveness.

Next Steps

- The next council meeting is scheduled for **Tuesday, June 10**, with a focus on mobile crisis response. Follow-up meetings will be arranged with individual centers to further examine their budget requests and needs.

ACTION ITEMS

- KDADS to have follow-up meetings with individual centers to review budget requests and allocations.