

Kansas 988 Coordinating Council: Mobile Crisis Response & MRSS

Models, Current State, Best Practices, and Next Steps



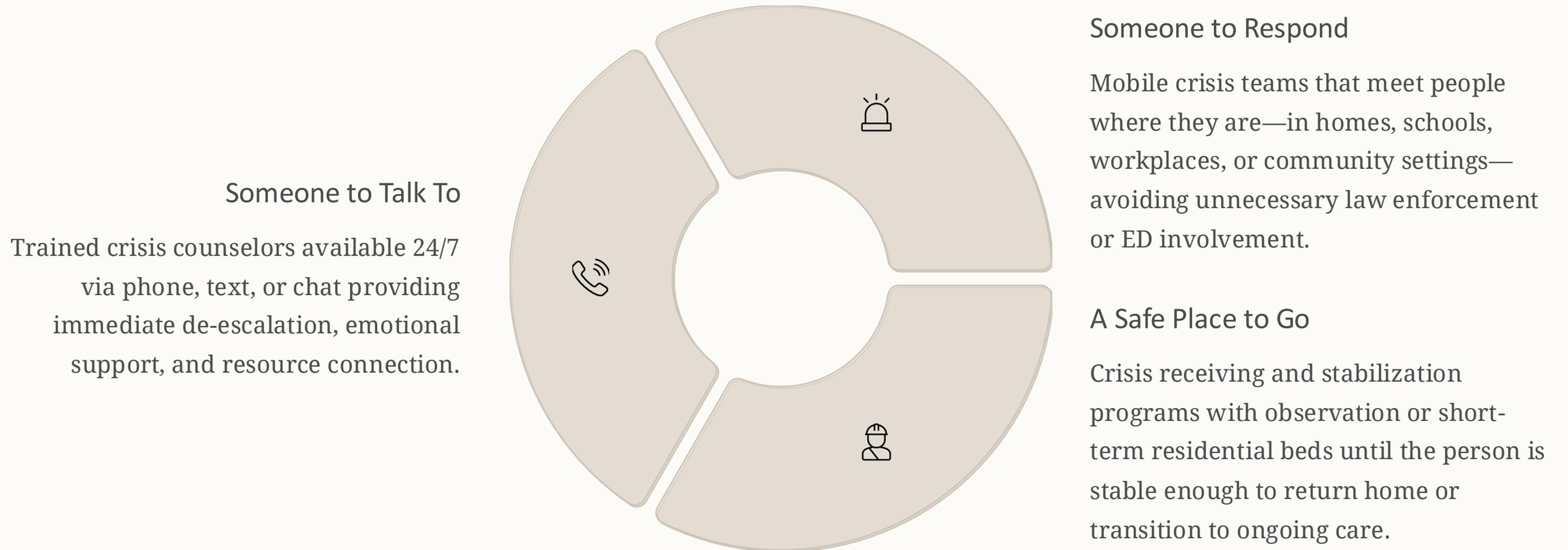
Session Overview

Explore two models reshaping mobile crisis response: Care "Air Traffic Control" model and Mobile Response & Stabilization Services (MRSS)

Review Kansas implementation, current systems, standards, and lessons from pilot projects

See best practices, insights from Mid-America MHTTC, and next steps

The 988 Crisis Care Continuum



Since July 2022, 988 has been the nationwide number for suicide prevention, mental health, and substance use crises—serving as the entry point to this continuum. When well-coordinated, these components divert people from ERs and jails, connect them to care faster, and improve outcomes.

Care "Air Traffic Control" Model

The Control Tower for Crisis Response

Care ATC serves as a central hub—often housed in a 988 contact center—with real-time visibility into the entire crisis system:

- Sees where calls originate
- Tracks mobile team locations and availability
- Monitors open crisis beds
- Identifies available follow-up resources

Using this information, it routes each situation to the most appropriate response as quickly and safely as possible.



Like an airport control tower coordinating dozens of planes, Care ATC brings order to a complex crisis system, ensuring each person in crisis "lands" safely at the right resource.

Benefits & Risks of Care ATC

Benefits

- Dramatically reduces response times when every second counts
- Makes better use of limited resources through efficient dispatching
- Generates high-quality data on call volumes, response times, and service utilization
- Improves system accountability and funding justification

Challenges

- Requires robust technology—dispatch systems, GPS tracking, real-time bed registries
- Needs strong data-sharing agreements complicated by HIPAA and 42 CFR Part 2
- Demands dedicated, highly trained staff at the hub 24/7
- Requires governance structures to ensure equitable dispatch decisions

These challenges are solvable but require careful planning, investment, and cross-agency collaboration.

Mobile Response & Stabilization Services (MRSS)

While Care ATC is a system-wide coordination tool, MRSS is a specialized service designed specifically for children, youth, and their families. It focuses on:

1 Rapid Response

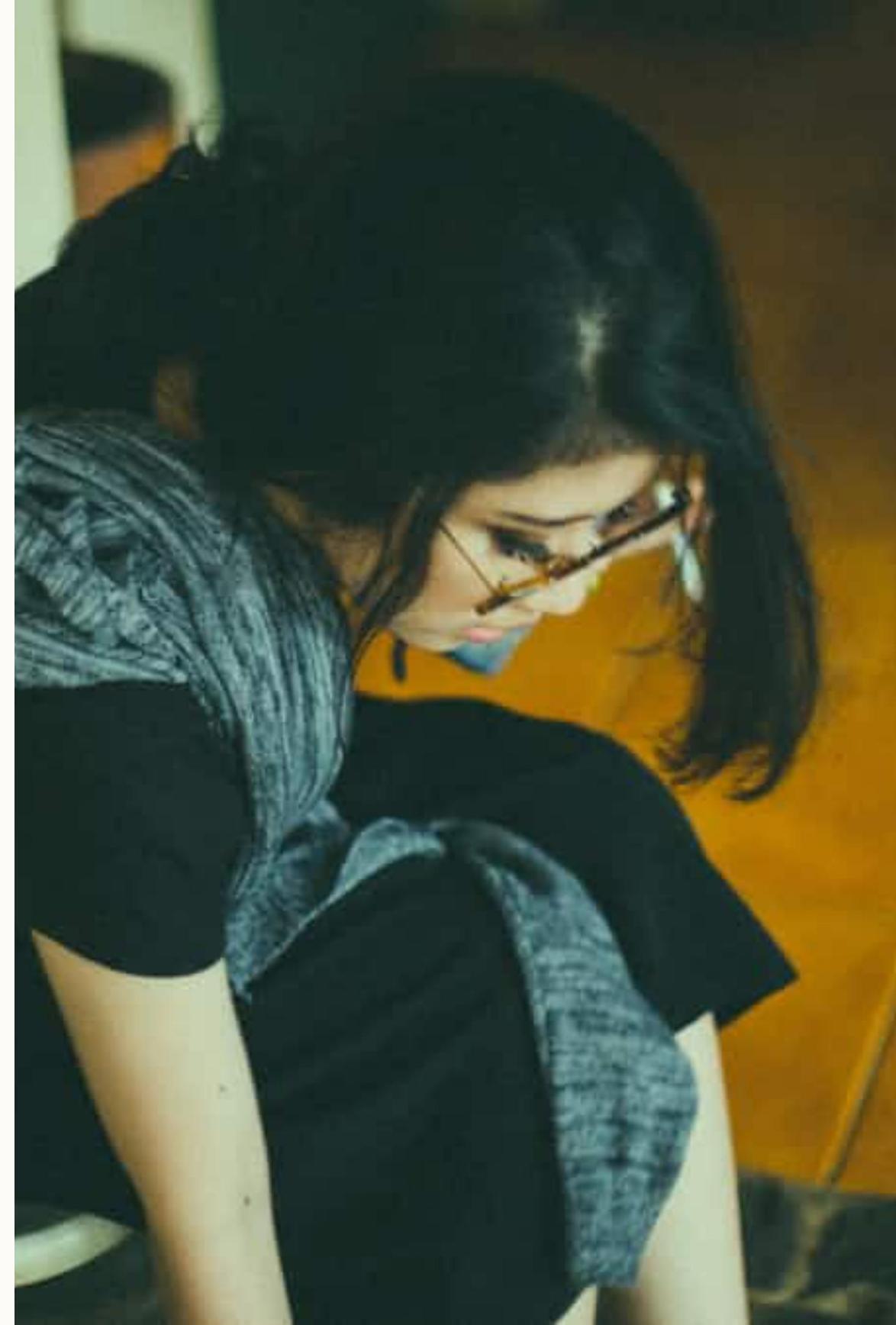
Teams aim to arrive within 60 minutes, meeting youth where they are—at home, school, or in the community.

2 Family Engagement

Recognizes that a youth crisis affects the entire family and works to engage caregivers in the solution.

3 Ongoing Stabilization

The same team stays engaged for 4-6 weeks, providing skills, navigation support, and connections to ongoing care.



MRSS Staffing & Practices



Clinician

Licensed professional or master's-level clinician who assesses risk, develops safety plans, and provides therapeutic interventions during and after the crisis.



Peer Support Specialist

Person with lived experience who connects with the family on a personal level, offering hope and understanding that complements clinical work.

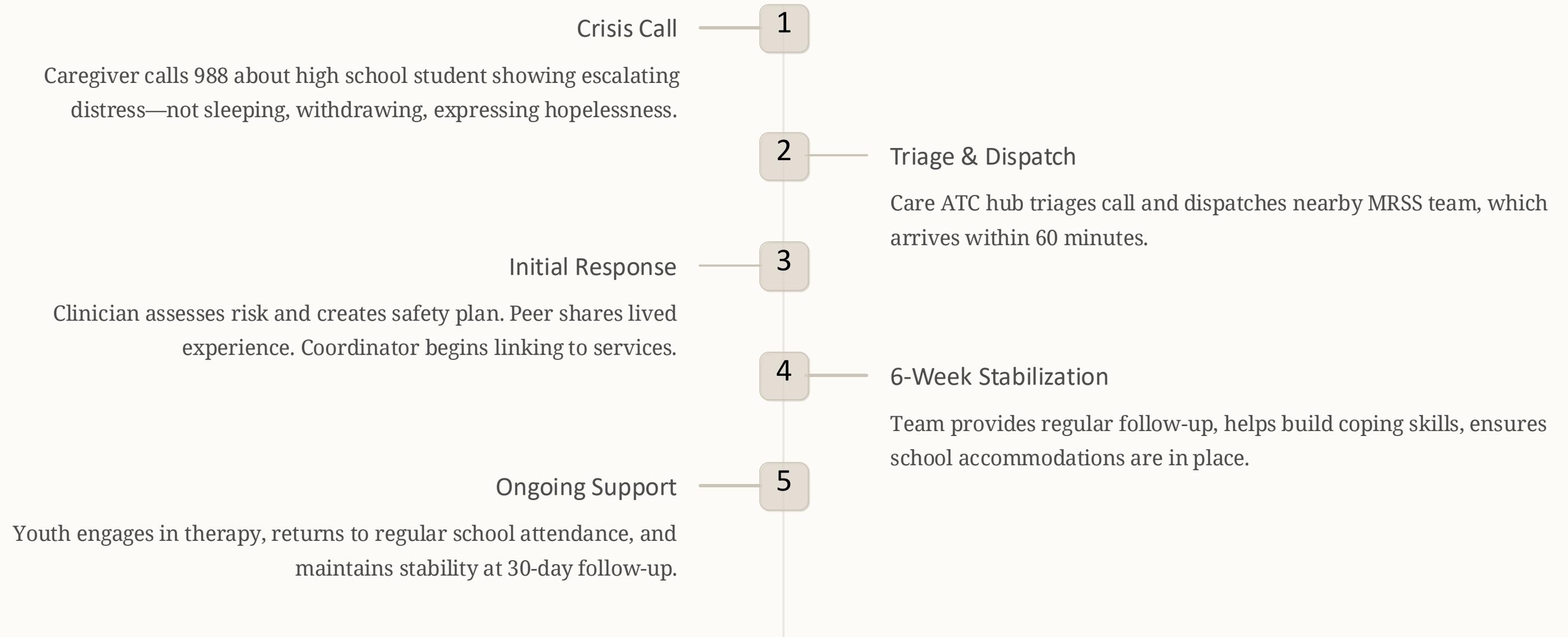


Care Coordinator

Ensures all follow-up steps happen, links the family to ongoing services, helps schedule appointments, and verifies referral completion.

Best practices include evidence-informed interventions like CBT and DBT techniques, 24/7 availability, and in rural areas, telehealth supplements to maintain rapid response times without overextending staff.

Case Scenario Where Both Models Work Together



Kansas' Current MCR/MRSS System



Access Points

- 988 National Crisis Lifeline
- DCF Family Crisis Helpline (833-441-2240)
- CMHC and CCBHC crisis lines

"No wrong door" approach



Response Standards

- 24/7/365 availability
- 1 hour (urban), 2 hours (rural/frontier)
- Non-immediate youth response: within 48 hours



Service Phases

1. Screening & Triage
2. Mobile Response
3. Stabilization (up to 8 weeks for MRSS)

Teams include a Licensed Mental Health Professional (LMHP) and a Kansas Certified Peer (KCPS, KCPM, KCPPS) with access to psychiatric consultation within 48 hours when needed.



Kansas MCR/MRSS in Action

- 1** In Schools

Teams respond to calls from school counselors, social workers, or coaches to de-escalate, assess, and safety plan—sometimes before law enforcement is called.
- 2** DCF Helpline

Provides over-the-phone problem solving, resource referrals, and dispatches mobile teams when needed. Emergency services contacted when safety requires.
- 3** Medicaid & Funding

Kansas reimburses through H2011 U1 code for CCBHC-provided services to youth 0-20. DCF funds cover costs for youth not covered by MCO or over age 20.

Pilot Sites & Lessons Learned (March-November 2024)

- Wyandot BHN (Kansas City)
- Compass BHN (Garden City)

Key lessons: System-wide understanding of MRSS model is crucial; call center staff must proactively offer MRSS; strong marketing and community relationships essential.

Best Practices from Other States

Care ATC Examples

Arizona (Maricopa County)

ATC integrated with EMS and law enforcement CAD for seamless transfers

Georgia

Regional ATC hubs with shared bed registries and mobile team GPS tracking

Washington State

Statewide ATC hub linked to 988 and mobile response teams

MRSS Examples

Ohio

Statewide MRSS with strong school partnerships, regional team placement, and robust follow-up

Connecticut

MRSS integrated with child welfare prevention, using family peers extensively

Shared Success Factors

- Unified dispatch platforms linking 988, mobile teams, and real-time resource tracking
- Transparent, enforceable data-sharing agreements
- Telehealth integration for rural areas without sacrificing in-person capability

Mid-America MHTTC Lessons Learned



Workforce Development

Continuous training for crisis staff; use of telehealth to extend reach in rural areas



Behavioral Health Integration

Embedding services into schools and primary care to strengthen early intervention and referral



Culturally Responsive Care

Recruitment and retention strategies for underserved communities



School Crisis Planning

Tools for collaboration between crisis responders and educators to address behavioral health needs promptly



Potential Steps for Kansas

Standardize protocols

Select an integrated platform

Expand MRSS coverage

Build integrated data systems

Closing Thoughts

Care ATC and MRSS are complementary pieces of a complete crisis system. ATC ensures resources are deployed effectively; MRSS ensures youth and families get developmentally appropriate, sustained support.



Kansas' Foundation

- Clear practice standards
- Pilot experience
- Funding pathways
- Strong leadership

Next big step: Choosing a dispatch platform that can knit it all together, ensuring the "just go" standard is met every time.