

988 COORDINATING COUNCIL REPORT

Annual Report to the
2024 Kansas Legislature

January 2024



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The 988 Coordinating Council Report to the House Committee on Energy, Utilities and Telecommunications and the Senate Committee on Utilities is based on the work of the Kansas 988 Coordinating Council from January 2023 to December 2023. The members of the Council ([Appendix A](#)) would like to thank the following individuals who provided support and supplemental expertise: Drew Adkins, Interim Behavioral Health Services Commissioner, Kansas Department for Aging and Disability Services (KDADS); Jared Auten, Crisis Line Director, Kansas Suicide Prevention HQ; Felicia Bates, Project Manager, National Center for START Services; Chelsea Booth, Public Health Advisor, Substance Abuse and Mental Health Services Administration (SAMHSA); Laura Brake, Director of Crisis Services, KDADS; Sheriff Bill Carr, Ford County; Melanie Corwin, Technical Product Manager, Vibrant Emotional Health; Allyssa Chundak, 988 Project Coordinator, KDADS; Audrey Dunkel, Vice President Government Relations, Kansas Hospital Association; Sheriff David Groves, Cherokee County; Edie Harrison, Program Manager, Bert Nash; Laura McCrary, President and CEO, KONZA National Network; and Con Olson, Regional Director, TECHS EMS. The list of presenters along with links to available presentations are in [Appendix B](#).

The following individuals contributed to the development of this report:

- Andrew Brown, Deputy Secretary for Programs at KDADS;
- James “Paul” Davis, Director of Emergency Services for Johnson County;
- Representative Brenda Landwehr, Kansas House of Representatives;
- Dr. Russell Klumpp, Major/Bureau Chief of the Topeka Police Department;
- Kenneth Nelson, Associate Director for GIS and IT of Kansas Geological Survey at the University of Kansas;
- Zack Odell, Chief Executive Officer at S&T Communications;
- Molly Perkins, Case Manager for Johnson County Government Mental Health;
- Monica Kurz, Vice President of Policy and Prevention for Headquarters Kansas
- Patrick Fucik, Director of State Government Affairs for T-Mobile;
- Senator Carolyn McGinn (from Feb 28, 2023), Kansas Senate;
- Senator Pat Pettey (until Feb 28, 2023), Kansas Senate;
- Colin Thomasset, Chief Executive Officer at Wheat State Healthcare;
- Sheriff Gene Ward, Sheriff of Seward County; and
- Nicholas Wood, Associate Director of InterHab.

Additionally, the members of the Council extend special thanks to Kansas Health Institute staff Valentina Blanchard, M.P.H., L.M.S.W.; Hina B. Shah, M.P.H.; Alex Ferguson; Stewart Cole; Linda J. Sheppard, J.D.; and Wen-Chieh Lin, Ph.D. for providing process facilitation, support and report preparation under the direction of the members of the Council.

Executive Summary

The 988 Suicide and Crisis Lifeline was implemented nationally and in Kansas on July 16, 2022, marking a pivotal moment in crisis intervention services. This annual report, a requirement of 2022 [House Substitute for Senate Bill 19](#), offers an overview of the 988 Coordinating Council's efforts to enhance and oversee the 988 system in the state. The Council is responsible for advising on the delivery of 988 services, future enhancements of the network, and budget distributions through 2026.

Throughout 2023, the 988 Coordinating Council convened seven times, with a focus on several topics, including evaluating key performance indicators (KPIs). These KPIs, including call volumes, in-state answer rates and response times, are instrumental in assessing the efficacy of the 988 system. The most recent data indicates that overall, Kansas is maintaining the goals set forth in the Kansas 988 Implementation Plan. Some data highlights include:

- The in-state answer rate was 90 percent or above for most of the year (eight of the eleven months of data available in 2023). An in-state answer rate is the rate of calls that were answered by a primary Kansas call center. This is important because it shows that Kansans are immediately connecting to local resources while in crisis. The national goal is for this rate to be 90 percent or higher by April 2024. For the months where the Kansas answer rate fell below 90 percent, it remained within 2 percent of the goal.

- The rollover-rate to the backup call center remained under 2 percent for all months in 2023. This rate is the rate of calls that were not answered by the primary call center. The national goal is for this rate to be below 10 percent.

An additional area of emphasis for the Council in 2023 was mobile crisis response, recognizing its vital role in reducing law enforcement involvement during behavioral health crises. The Council gleaned insights from presentations by local mental health organizations, highlighting successful models with rapid response times and innovative cross-agency collaborations.

Another key focus was on fostering collaborations among partners, including emergency responders, law enforcement, health care facilities and mental health providers. These collaborations are pivotal in ensuring that individuals in crisis receive the necessary care and follow-up support.

The Council explored technology considerations, the significance of broadband access and future enhancements needed to further strengthen the 988 system. The Council agreed that a decision in this area needed further exploration as well as a potential change to the 988 budget, which was reviewed at each Council meeting.

The report underscores the dedication of the 988 Coordinating Council in advancing crisis response services in Kansas, ultimately contributing to improved mental health outcomes for the state's

Budget Recommendations for Fiscal Year 2025

The 988 Coordinating Council recommends:

- **Rollover Funding:** *At the July 2023 meeting, Council members voted to request rollover funding from the Legislature to continue supporting 988 initiatives. This would allow for any funds remaining at the end of the fiscal year to remain in the 988 Fund but would not reduce the \$10 million budgeted for the next fiscal year.*

See Budget Recommendations for Fiscal Year 2025, page 10.

Background

The 988 Suicide and Crisis Lifeline was implemented nationally and in Kansas on July 16, 2022. In preparation for the implementation, Kansas created a plan ([Appendix C](#)) and integrated three centers (HeadQuarters Kansas, COMCARE of Sedgwick County and Johnson County Crisis Line) that previously served as National Suicide Prevention Lifeline Centers (NSPL Centers) into the 988 Network with statewide backup support from Healthcare Integrated Solutions. These centers are independently operated with additional state funding and oversight from the [Kansas Department for Aging and Disability Services](#) (KDADS) and the 988 Coordinating Council. Nationally, 988 is overseen by the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) and administered by [Vibrant Emotional Health](#).

House Substitute for Senate Bill 19, passed by the 2022 Kansas Legislature, created the 988 Coordinating Council to advise the Secretary of KDADS on the delivery of 988 services, develop strategies for future enhancements to the 988 system, and distribute funds to organizations providing services as National Suicide Prevention Lifeline Centers (NSPL Centers). The bill requires the Council to submit an annual report to the House Committee on Energy, Utilities and Telecommunications and the Senate Committee on Utilities, or any successor committees, on or before the first day of each regular session of the Legislature. The bill requires the report to include a detailed description of all expenditures made from 988 fees received by the NSPL Centers.

Council Areas of Focus

The 988 Coordinating Council met seven times between January 2023 and December 2023 in a hybrid format. During the first meeting on Jan. 13, the Council discussed their goals and the topics they would like to explore. This report aims to summarize the topics discussed by the Council, including the presentations Council members heard throughout the year.

Review of Key Performance Indicators (KPIs)

At each meeting, the Council reviewed data provided by Vibrant to ensure that Kansas as a state is meeting the targets set forth by SAMHSA and KDADS and discussed barriers or successes that may have led to changes seen in the data. The following metrics were of focus for the Council:

- **Number of Calls Received:** The number of callers that listen to the initial greeting to then be routed to a center. While there is no set goal for this metric, the Council recognized that there has been a consistent call volume since implementation, while text and chat numbers increased as services expanded.
- **In-State Answer Rate:** The rate of calls answered by a state or territory's center(s), which is calculated by dividing all answered in-state calls by all calls received in the state.
- **Average Speed of Answer (ASA) In-state:** Out of all answered in-state calls, the average time a contact takes to be answered after listening to the automated greeting.

[Table 1](#) (page 3) outlines several KPIs that are tracked by Vibrant and the associated Kansas and national goals for those KPIs. The most recent Vibrant data ([Appendix D](#)) received by KDADS indicates that overall, Kansas is maintaining the goals set forth in the Kansas 988 Implementation Plan.

Several members of the Council also participated in a [convening](#) hosted by the Kansas Health Institute (KHI) in September 2023. The purpose of the convening was to highlight Kansas 988 successes and challenges one-year after implementation and look closely at the data for the state. Refer to [Appendix E](#) for an infographic summarizing data from December 2022 to July 2023 and highlighting key accomplishments of the 988 network in Kansas.

Table 1. 988 Key Performance Metrics

Metric	Kansas Goal	National Goal	Jan. 2023	Feb. 2023	March 2023	April 2023	May 2023	June 2023	July 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023
Calls Received	N/A	N/A	1,861	1,702	1,805	1,842	2,087	1,863	2,040	1,867	1,953	2,148	2,022
In-State Answer Rate for Calls	90% by June 2023	90% by April 2024	91%	93%	90%	92%	92%	92%	91%	89%	88%	90%	89%
Average Speed to Answer for Calls	00:20	95% answered in 20 seconds	00:19	00:18	00:21	00:22	00:20	00:21	00:20	00:21	00:22	00:22	00:20
Follow-Up/Outbound Call Volume	100% by June 2023	N/A											
In State Abandon Rate for Calls	None	Less than 5%	8%	6%	9%	7%	7%	7%	8%	10%	10%	9%	10%
Rollover Rate to Backup Centers for Calls	None	Less than 10%	1.3%	0.9%	1.3%	1.1%	1.1%	0.8%	1.5%	1.0%	1.5%	1.4%	1.4%
Texts Received	N/A	N/A	389	376	445	415	451	465	518	485	664	614	647
In-State Answer Rate for Texts	80% by June 30, 2023	Greater than 90%	38%	42%	49%	61%	59%	60%	50%	52%	34%	43%	43%
Chats Received	N/A	N/A	410	367	472	412	372	334	302	314	434	301	324
In-State Answer Rate for Chats	80% by June 30, 2023	Greater than 90%	39%	46%	45%	61%	60%	54%	47%	44%	31%	43%	44%

Note: Calls Received: Number of calls that listen to the initial greeting to then be routed to a center. This metric is used for network-wide and historic reporting, and includes all calls sent to a center, regardless of the time the caller abandoned. In-State Answer Rate for Calls: The rate of calls answered by a primary call center. Average Speed of Answer: Out of all “Answered In-State” calls, the average time a contact takes to be answered after listening to the automated greeting. As “ASA’s” are by nature an “average,” the experience of those contacting the Lifeline at different centers in different states or times of day may experience variations in individual wait times. Follow-Up/Outbound Call Volume: Follow-up refers to crisis centers reaching out to contact callers, chatters and texters to check in within the few days following the initial 988 contact. In-State Abandon Rate: Rate of calls that disconnect prior to being engaged by a counselor. Disconnection may happen for a number of reasons including, but not limited to: The person reaching out changes their mind about seeking care at that moment; the person no longer feels they have privacy or safety in their environment; or there is a random technical service interruption, which may occur due to internet instability, carrier glitches, etc. Direct/Rollover Calls to Backup Centers: Rate of calls that were not answered by a primary call center and were rolled over to the backup call center. Texts and Chats Received: Number of contacts that enter the state/territory’s queue. For text, the contact’s state is based on the contact’s exchange (first 6 digits of their phone number). For chat, state is based on the zip code entered into the contact’s pre-chat survey. In-State Answer Rate for Texts and Chats: The rate of contacts answered from the state/territory’s queue.

Source: Vibrant Emotional Health. (2023). 988 Broad State Metrics for KS: 2022-10-01-2023-10-31.

Mobile Crisis Response

Mobile crisis response is one of the pillars outlined in the [National Guidelines for Behavioral Health Crisis Care](#) by SAMHSA for services that every person experiencing a mental health crisis should receive. It involves a team staffed with behavioral health professionals to respond in the community to a behavioral health crisis to reduce the role of law enforcement or other first responders. Over the past year, the 988 Coordinating Council participated in several presentations and discussions on the importance of growing the mobile crisis response in Kansas. Mobile crisis response will continue to be a topic of conversation for the 988 Council as they explore solutions that may work for the unique needs of Kansas communities.

Douglas County and the Treatment Recovery Center

Representatives from Bert Nash provided insights into their mobile crisis implementation efforts and highlighted referrals from 988 call centers to critical behavioral health service providers [Bert Nash](#) and the [Treatment Recovery Center](#). Post-crisis care in Douglas County is managed by [Heartland Regional Alcohol & Drug Assessment Center \(RADAC\)](#), [DCCCA](#), and Bert Nash. The organization representatives shared they actively analyze call volume patterns and peak utilization times for Mobile Response Teams (MRT) to address any misalignments and discussed with Council members the challenges related to consent for mobile response, public education and technology integration. Collaboration between agencies, including law enforcement and first responders, has been successful in innovative crisis care solutions, with the aim of reducing response times to three to five minutes.

Representatives of the [Treatment Recovery Center](#) provided updates on their services, including the recent opening of an Urgent Care Unit in April 2022. At the time of the presentation, they were set to open 24/7 observation and stabilization units in May, having already served 80 individuals in April, encompassing both mental health and substance use disorder cases. They are actively engaged in providing training to clinical staff in the community regarding the referral process and services they offer.

Discussion with Council members included expectations regarding call diversion from 911, staff scheduling and transition to on-call status, the number of mobile response teams (six teams working four 10-hour shifts), gender identification clarification, the absence of telehealth services (all services are in-person), geographic coverage limited to Douglas County, challenges in electronic health record (EHR) compatibility, the integration of the 117 public safety answering points (PSAPs), and discussion about the potential expansion of staffing to cover the rest of the state.

National Center for START Services

A representative from the [National Center for START Services](#) presented on the START Model, which focuses on crisis prevention and intervention for individuals with intellectual and developmental disabilities (I/DD) and mental health conditions. The model has gained popularity in various states, including California, Iowa, New Hampshire, and Tennessee, due to its positive impact on individuals with I/DD and its ability to reduce the reliance on emergency services.

In response to Council members' questions, it was noted that the START Model can naturally collaborate with the 988 Lifeline. When mobile crisis situations arise, both services can be dispatched, and training is available for 988 staff to address I/DD and mental health components of the START Model. Collaboration with law enforcement and emergency response teams was also emphasized as part of the model's implementation.

Collaboration Among Partners

The Council participated in several discussions highlighting the importance of effective collaborations among emergency responders, law enforcement, health care facilities and mental health providers to improve crisis response and support systems. Opportunities for engagement with the 988 system were explored to ensure individuals in crisis receive appropriate care and follow-up support, with a focus on building a coordinated and designated system to bridge gaps in mental health care provision.

Emergency Medical Services Considerations

The Council heard from representatives of [TECHS, Inc., Emergency Medical Services](#) on their efforts. This included implementing a transport car for nonviolent behavioral transfers from emergency rooms to voluntary intake facilities, initially developed for the Veterans Administration in Northeast Kansas and now expanding due to increased demand. They also operate a high utilization special needs program that allows ambulance crews to identify individuals needing additional resources beyond the typical emergency setting, followed by follow-up support within 24 to 48 hours. Challenges include addressing the needs of individuals who consistently use EMS services and the need for proper training to manage demand. Collaboration with various agencies was emphasized, recognizing that effective emergency response is a community effort.

Discussion with Council members centered around various models for crisis response, including co-responder models, and the importance of training for different responders (e.g., medical, law enforcement, behavioral) with varying skill sets. Council members would like to see the integration of 988 with 911, such as integrating mental health services in 911 calls through telehealth or having mental health professionals on ambulances. However, the practicality of this was discussed as it may vary by community size due to infrastructure limitations and partnerships with other agencies to facilitate remote communication.

Correctional and Law Enforcement Considerations

Representatives of the [Kansas Sheriff's Association](#) presented on the use of tablets in patrol vehicles for telehealth services, the importance of mental health training for law enforcement staff and challenges faced by the 97 jails in Kansas, including budget approval, insurance issues, response times and training for smaller facilities.

Council members discussed the need for a dedicated backdoor phone number for law enforcement to access support quickly, recognizing the diversity of needs across different jurisdictions. The importance of education and outreach efforts to inform law enforcement about available resources also was emphasized.

Kansas Hospital Association

Representatives of the [Kansas Hospital Association](#) discussed the challenges faced by hospitals in providing mental health care. Historically, psychiatric institutions were closed before community mental health infrastructure was established, leading to increased pressure on hospitals to care for those patients. Hospitals are required to stabilize mental health patients in emergency rooms and coordinate with local Community Mental Health Centers (CMHCs)/Certified Community Behavioral Health Clinics (CCBHCs). The role of 988 in hospitals was explored as a means to prevent crises, and opportunities for engagement were discussed, including post-discharge follow-up care, caring contact programs, ADT notifications and collaboration with emergency medical services (EMS).

Opportunities for hospitals to engage with 988 were discussed, including post-discharge referrals to 988 and caring contact programs. The possibility of involving EMS in crisis response was raised, and the importance of coordinated crisis planning involving EMS, law enforcement and hospitals was emphasized. The need to examine how larger CCBHCs handle cases and support smaller centers in rural areas also was discussed.

Technology Considerations

Key considerations discussed by the Council on technology considerations included the need for simplicity and sophistication in the software platform to accommodate different users, real-time connections to mobile crisis services and data retention policies. Council members highlighted the importance of broadband access in underserved communities, the need for comprehensive crisis technology solutions and the potential for data-driven crisis response using integrated platforms. The Council recognized the importance of data accuracy, interoperability and efficient information flow to improve crisis response and support systems. While the topic of broadband access was not explored in 2023, the Council is committed to examining this topic in the future.

Geographic Information Systems (GIS) Mapping

The Council discussed the need for broadband coverage in rural and frontier communities, highlighting the importance of having accurate data on broadband availability. Understanding the capabilities and challenges of different communities, especially in the context of telehealth, also was emphasized.

Ken Nelson, a 988 Council member, and Associate Director for GIS and IT, Kansas Geological Survey, University of Kansas, presented on 911 and [GIS mapping](#), underscoring the significance of GIS data in emergency response and highlighting collaboration opportunities for sharing such data with 988-related projects. GIS mapping is a system that connects data such as maps, satellite and aerial photographs, and tabular data (demographics, types of infrastructure, etc.) to provide real-time maps to help support decision-making. The Council discussion emphasized the potential value of GIS data and technology in supporting the 988 network, particularly for location sharing and situational awareness enhancement among first responders and service providers. Collaboration and continued exploration of GIS data and technology in meeting the evolving needs of the 988 initiatives were strongly encouraged.

Unified Platforms

When providers are all utilizing the same technology to provide services, it is referred to as a unified platform (UP). A UP still allows for consumers to choose the method of contact (phone, text, chat, etc.) but allows for a more seamless transition to local services beyond the initial outreach. Data in this format is also unified and monitored across all services for easier comparisons.

A representative from [Vibrant](#) offered a comprehensive overview of their roadmap into a UP rollout, highlighting past accomplishments and future plans until the close of 2023. Notable achievements included the recent launch of video phone capabilities and upcoming additions such as monolingual Spanish support, LGBTQ routing enhancements, outbound SMS, and resource database improvements. The discussion afterward raised questions about post-migration support and training, migration timelines, the need for additional software, data access and

handling, and future development and collaboration, emphasizing the importance of clear guidelines, consistency, and ongoing communication between stakeholders and Vibrant's development team. At this time, based on current text and chat migration to the universal platform at Headquarters Kansas (formerly KSPHQ), the Council would like to explore other options for 988 software migration.

The Council heard from representatives of two other software migration organizations, [Netsmart Technologies](#) and [ABOUT Healthcare](#), that provide technology solutions to integrate mobile crises and behavioral health providers. The goal of an integrated platform is to facilitate efficient patient transfers and referrals within the crisis response system and incorporate 988 data for comprehensive analysis. ABOUT Healthcare is currently used by the 988 backup call center, HealthSource. Netsmart is utilized by several Kansas CCHBCs, as well as out-of-state clients. Discussion with Council members included process optimization and determining whether to build, buy or partner for technology implementation. Council members discussed handling individuals known to the system versus those who are new to it, the ability to upload assessments or intervention plans, and ensuring system integration to avoid redundancy and errors. In 2024, the Council will evaluate the software options of both platforms to determine the best fit for the Kansas 988 network.

Kansas Health Information Network (KHIN) and KONZA National Network

KHIN and KONZA play crucial roles in facilitating health information exchange (HIE) and improving health care coordination in Kansas and beyond. A representative from [KHIN](#) and [KONZA](#) presented to the Council on functional aspects of the organizations, including basic health information exchange (HIE) services, seamless integration with Electronic Health Record (EHR) systems, and a focus on suicide prevention through collaborative efforts.

The Council discussed topics including Admission, Discharge, Transfer (ADT) notifications; access to patient information in call centers; integration with Unite Us for referral processes; the referral process for mental health centers; a universal platform for 988 lines; challenges in IDD system integration; a suicide prevention algorithm; technology vendor

stability; engagement with correctional facilities; and legislative involvement. The council expressed interest in collaborating with KHIN for ADT data, ensuring call center staff access to patient information, and exploring partnerships with organizations like Unite Us for improved coordination in mental health services. They also discussed the potential benefits of syncing ADTs with a universal platform for 988 lines and addressing challenges in integrating the IDD system.

Future Enhancements

The Council reviewed each core area ([Appendix C](#)) from the Kansas 988 Implementation Plan to identify future goals and initiate the development of operational plans. Three areas of concern were identified where 988 in Kansas might not meet its initial goals and will require modification:

- **Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts (Core Area 1):** The goal was to have achieved 24/7 and full geographic coverage for in-state 988 chats and texts with an in-state answer rate of at least 80 percent by June 30, 2023. At this time, Headquarters Kansas is the only center that is answering texts and chats. It has also faced some challenges causing a drop in the answer rate for text/chat, including switching platforms, delays in accessing the platform, staff training and counselor capacity. As text and chat volume grow, the Council will monitor the in-state answer rate to ensure it improves over time to reach its 80 percent goal.
- **Unified Platform (Core Area 4):** The goal was to explore the process and timeline for adopting the unified contact management and call routing platform by Sept. 30, 2022. As shared above, Council members heard from three different platforms; however, they have not yet decided which platform is best for the Kansas 988 network.
- **Shared Comprehensive Statewide Resource List (Core Area 6):** Currently, each 988 call center has its own resource and referral list. The goal was to have a shared, comprehensive statewide/territory-wide list of resources, referrals and linkages by June 30, 2023. Creating a comprehensive behavioral health resource list was discussed as challenging, and an EMS partnership along with additional resources like 211 and integration of

a unified platform were considered as potential solutions.

- **Collectively 100 Percent Follow-Up Call Volume (Core Area 7):** The ultimate goal for 988 is to have a 100 percent follow-up call volume from all call centers. The initial step of this goal was to reach 50 percent by June 30, 2022. The Council noted that there is not enough data being collected to determine this goal's progress. Council members reviewed the data that is currently provided and will work with whatever software is selected to ensure the KPI is available.

The Council sought input from various stakeholders to develop action steps and address challenges in achieving the goals set out in the plan. These areas will continue to be monitored and explored by the Council in 2024 to develop additional goals with the growth of the 988 network in Kansas.

Nationally, SAMHSA will continue to expand and deepen their work on the 988 Lifeline by increasing support for priority populations (e.g., LGBTQ, deaf and hard of hearing, Native Americans), expanding outreach and education (including a toolkit for guidance for law enforcement response to crisis response and best practices for mobile crisis response), and making improvements in current areas of focus, such as data, technology and infrastructure, long-term sustainability, equity and consumer engagement. SAMHSA has decided not to launch a broad public campaign for 988 at this time. Instead, individual states have the opportunity to create their own marketing strategies. KDADS leads that effort in Kansas.

Budget

Overview

House Substitute for Senate Bill 19, passed in 2022, authorized the allocation of \$10 million in state general funds to cover 988 costs each year through 2026. Any remaining funds are put back into the state general fund at the end of the fiscal year.

As the Council is responsible for advising KDADS on the distribution of funds to organizations providing 988 services, members reviewed the budget at each meeting and discussed additional recommendations to bring to the Legislature.

Expenses for Fiscal Year 2023

Cost Center	Budget	Actuals	(Over)/Under Budget
Comcare of Sedgwick County – 988	\$1,080,000.00	\$533,958.91	\$546,041.09
Johnson County Mental Health Center – 988	\$1,200,000.00	\$1,200,000.00	\$0.00
Kansas Suicide Prevention Headquarters - 988	\$3,720,000.00	\$3,576,670.98	\$143,329.02
Wyandot Behavioral Health Network - 988 startup	\$350,000.00	\$234,852.71	\$115,147.29
Mammoth Creative Co. - Awareness Campaign	\$1,000,000.00	\$504,560.00	\$495,440.00
Crisis Stabilization Unit Services	\$1,136,743.00	\$0.00	\$1,136,743.00
Kansas Health Institute - Facilitation	\$18,060.00	\$ 17,271.10	\$788.90
Sub-Total	\$8,504,803.00	\$6,067,313.70	\$2,437,489.30
Unallocated Funds	\$1,495,197.00	\$0.00	\$1,495,197.00
Total	\$10,000,000.00	\$6,067,313.70	\$3,932,686.30

Fiscal Year 2024 Budget

Cost Center	Budget	Actuals (through Jan. 3, 2024)	(Over)/Under Budget
Comcare of Sedgwick County - 988	\$1,080,000.00	\$295,142.37	\$784,857.63
Johnson County Mental Health Center - 988	\$1,200,000.00	\$491,718.72	\$708,281.28
Kansas Suicide Prevention Headquarters - 988	\$3,720,000.00	\$1,101,828.00	\$2,618,172.00
Wyandot Behavioral Health Network - 988	\$1,087,165.00	\$0.00	\$1,087,165.00
Mammoth Creative Co. - Awareness Campaign	\$340,735.00	\$44,100.00	\$296,635.00
KSNT News (Topeka) - Awareness Campaign	\$74,600.00	\$10,145.00	\$64,455.00
Learfield - Awareness Campaign	\$400,000.00	\$0.00	\$400,000.00
Crisis Stabilization Unit Services	\$1,136,743.00	\$0.00	\$1,136,743.00
Kansas Health Institute - Facilitation	\$27,090.00	\$0.00	\$27,090.00
Sub-Total	\$9,066,333.00	\$1,942,934.09	\$7,123,398.91
Unallocated Funds	\$933,667.00	\$0.00	\$933,667.00
Total	\$10,000,000.00	\$1,942,934.09	\$8,057,065.91

Budget Recommendations for Fiscal Year 2025

The 988 Coordinating Council recommends:

- **Rollover Funding:** At the July 2023 meeting, Council members voted to request rollover funding from the Legislature to continue supporting 988 initiatives. This would allow for any funds remaining at the end of the fiscal year to remain in the 988 Fund but would not reduce the \$10 million budgeted for the next fiscal year.

The Council anticipates the following impacts on the 988 budget for state fiscal year 2025:

- **Potential increased funding for chat and text support:** Kansas 988 text/chat experienced increased utilization throughout the year. To meet demand, additional staffing is required during overnight and weekend times. As the state fiscal year progresses, it may be required for KDADS to allocate additional 988 funds to the text/chat program. HeadQuarters Kansas estimates another 1 FTE may be required if chat and text are to remain solely with the organization. The cost estimates for the FTE position would be \$70,000 from the 988 fund.
- **Software Implementation:** The Council discussed the need for a software platform that shows open beds in the state and allows for location capabilities and mobile crisis dispatch. There are several options being considered at this time, including using existing systems in Kansas, implementing a new software platform, or utilizing the universal platform offered by Vibrant. KDADS, in partnership with the Council, is working to identify the potential costs associated with each option.
- **Sustainable Funding Options:** The Council had several discussions that explored sustainable funding options for 988 being utilized throughout the country and has agreed to continue exploring

funding options bi-annually, but is not making any recommendations regarding the topics below at this time.

- **Telecommunications Funding:** Before implementing the 988 network in Kansas, the Legislature had extensive discussions with telecom companies but did not agree on a fee for usage. The Council has reviewed how other states have implemented this fee, ranging from \$0.08 to \$0.60 in eight states.
- **Medicaid Role:** The Council explored utilizing Medicaid funds for 988 services, particularly mobile crisis response. Members highlighted the current limitations under the 1115 waiver and efforts to move the KanCare system out of the waiver to avoid spending restrictions. While recognizing the challenges, members discussed future considerations, especially as Kansas undergoes the KanCare renewal process.
- **Research and Data Collection:** The Council discussed the importance of expanding metrics beyond call metrics. Their discussion focused on the need for comprehensive data collection efforts, including leveraging the CCBHC data warehouse to assess and showcase the effectiveness of 988 services.
- **Public Awareness Campaigns/Fundraising:** Council members discussed challenges related to fundraising and public awareness campaigns, emphasizing the need for coordinated efforts between organizations and the potential role of local government and nonprofit organizations in supporting these initiatives. The Council acknowledged that nonprofit agencies within the 988 network can conduct fundraising on their own and members considered avenues such as United Way campaigns and the potential for local community support through charitable donations.

Kansas 988 Coordinating Council Members

Andrew Brown	Deputy Secretary for Programs at the Kansas Department for Aging and Disability Services (KDADS), Topeka	Representing KDADS
Colin Thomasset	Chief Executive Officer at Wheat State Healthcare, Topeka	Representing the Kansas Association of Community Mental Health Centers
Dr. Russell Klumpp	Major/Bureau Chief, Topeka Police Department, Berryton	Representing the Kansas Association of Chiefs of Police
Kenneth Nelson	Associate Director for GIS and IT of Kansas Geological Survey at the University of Kansas, Lawrence	Representing information technology personnel from governmental units
Molly Perkins	Case Manager with Johnson County Government Mental Health, Olathe	Recommended by the Kansas Commission for the Deaf and Hard of Hearing
Monica Kurz	Vice President of Policy and Prevention for HeadQuarters Kansas	Representing National Suicide Prevention Lifeline (NSPL) Centers located in counties with a population of greater than 75,001
Nicholas Wood	Associate Director of InterHab, Topeka	Representing InterHab
Sheriff Gene Ward	Sheriff of Seward County, Liberal	Representing the Kansas Sheriff's Association
Not Filled		Representing National Suicide Prevention Lifeline (NSPL) Centers located in counties with a population of fewer than 75,000

VOTING MEMBERS APPOINTED BY THE LEGISLATIVE COORDINATING COUNCIL

Representative Brenda Landwehr		Member of the House Committee on Appropriations
Senator Carolyn McGinn from Feb 28, 2023		Member of the Senate Committee on Ways and Means
Senator Pat Pettey until Feb 28, 2023		Member of the Senate Committee on Ways and Means

NON-VOTING MEMBERS APPOINTED BY THE GOVERNOR

James "Paul" Davis	Director of Emergency Services for Johnson County	Recommended by the Mid-America Regional Council and a resident of Kansas
Patrick Fucik	Director of State Government Affairs for T-Mobile, Overland Park	Representing large wireless providers
Zack Odell	Chief Executive Officer at S & T Communications	Representing rural telecommunications companies, recommended by the Kansas Rural Independent Telephone Companies
Not Filled		Recommended by the League of Kansas Municipalities
Not Filled		Recommended by the Kansas Association of Counties
Not Filled		Representing incumbent local exchange carriers with over 50,000 access lines

Presentations to the 988 Coordinating Council

January 13, 2023

- [988 Coordinating Council Website](#)
- No external presentations

March 10, 2023

- [Chelsea Booth, Substance Abuse and Mental Health Services Administration](#)
- Con Olson, TECHS EMS
- Sherriff Bill Carr of Ford County and Sheriff David Groves of Cherokee County

May 12, 2023

- Audrey Dunkel, Kansas Hospital Association
- [Stu Parker and Julie Hiett, Netsmart Technologies](#)

- Jared Auten, Edie Harrison and Blaire Hines, Headquarters Kansas and Bert Nash

July 18, 2023

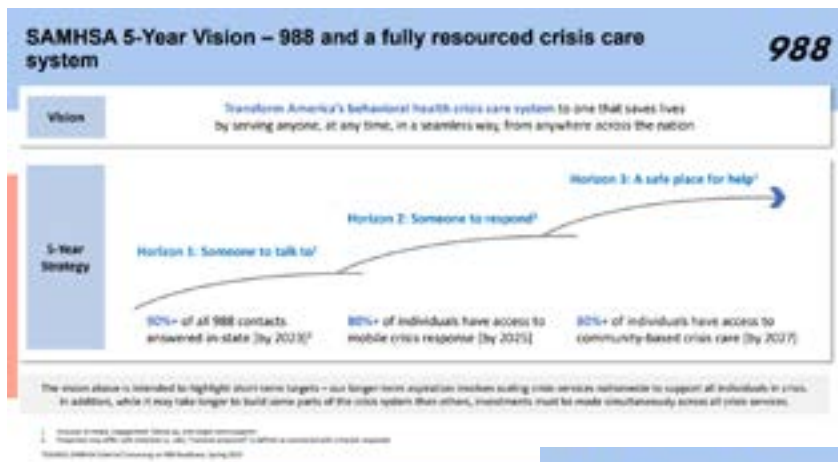
- [Bill Gilroy and Lane Wise, ABOUT Healthcare](#)
- [Felicia Bates, National Center for START Services](#)

September 19, 2023

- [Ken Nelson, Kansas Geological Survey](#)
- [Melanie Corwin, Vibrant Emotional Health](#)

November 14, 2023

- Laura McCrary, Kansas Health Information Network and KONZA National Network



Source: Presentation from Chelsea Booth, Substance Abuse and Mental Health Services Administration

Core Areas and Goals from Kansas 988 Implementation Plan

The implementation plan was created by the Kansas Department for Aging and Disability Services (KDADS) and the Kansas 988 Coalition in order to obtain federal funding for the implementation of 988 in Kansas.

Core Area 1: Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts

- Phase 1 (Oct. 1, 2021 – June 30, 2022)
 - By June 30, 2022, Kansas will have achieved 24/7 and full geographic coverage for in-state 988 calls such that in-state answer rates average at least 80 percent.
 - By June 30, 2022, Kansas will have achieved and maintained a 50 percent or higher in-state answer rate for Lifeline chats and texts (even if it is not 24/7).
- Phase 2 (July 1, 2022 – June 30, 2023)
 - By June 30, 2023, Kansas will have achieved 24/7 and full geographic coverage for in-state 988 calls such that in-state answer rates average at least 90 percent.
 - By June 30, 2023, Kansas will have achieved 24/7 and full geographic coverage for in-state 988 chats and texts such that in-state answer rates average at least 80 percent.

Core Area 2: Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers

- Phase 1 (Oct. 1, 2021 – June 30, 2022)
 - By June 30, 2022, Kansas will have dedicated funding in place to support Lifeline centers in meeting initial 988 call (including follow-up), chat, and text volume. Kansas will also have a plan underway to support the full projected costs to Lifeline centers for meeting the full projected 988 call, chat, and text volume and providing follow-up.

- Phase 2 (July 1, 2022 – June 30, 2023)
 - By the end of Phase 2 (June 30, 2023), Kansas will have secured sustained funding from diversified sources sufficient to support your Lifeline centers for the dedicated handling of 988 crisis contacts and follow-up calls, including expected annual volume increases.

Core Area 3: Expand and Sustain Center Capacity to Maintain Target In-State/Territory Answer Rates for Current and Projected Call, Text, and Chat Volume

- Phase 1 (Oct. 1, 2021 – June 30, 2022)
 - By June 30, 2022, Kansas will have achieved and maintained an 80 percent or higher in-state answer rate for Lifeline calls.
- Phase 2 (July 1, 2022 – June 30, 2023)
 - By June 30, 2023, Kansas will have achieved and maintained a 90 percent or higher in-state answer rate for Lifeline/988 calls.

Core Area 4: Support Crisis Centers in Meeting Lifeline's Operational Standards, Requirements, and Performance Metrics

- Phase 1 (Oct. 1, 2021 – June 30, 2022)
 - By June 30, 2022, KDADS will have set minimum operational and clinical standards for Kansas crisis call centers and provided the support for achieving and maintaining those standards.
 - By June 30, 2022, KDADS will have set minimal performance metrics for Kansas crisis call centers and have provided support for achieving and maintaining those standards.
- Phase 2 (July 1, 2022 – June 30, 2023)
 - By June 30, 2023, KDADS will monitor crisis call center adherence to operational and clinical standards and improve services to better meet the needs of their callers, including specific populations (i.e., LGBTQ, veterans, rural/frontier communities, and

those who have historically experienced health disparities).

- By July 30, 2022, KDADS will collect, monitor, and report on performance metrics.
- By Sept. 30, 2022, KDADS will explore the process and timeline for adopting the unified contact management and call routing platform.

Core Area 5: Convene a Coalition of Key Stakeholders to Advise on 988 Planning and Implementation

- Phase 1 (Oct. 1, 2021 – June 30, 2022)
 - By Sept. 30, 2021, Kansas will have a committed group of stakeholders regularly attending and contributing to 988 Coalition meetings.
 - By June 30, 2021, Kansas will have obtained input and collaborated on key decisions about 988 and related crisis services.
- Phase 2 (July 1, 2022 – June 30, 2023)
 - By June 30, 2023, Kansas will have a committed group of stakeholders regularly attending and contributing to 988 Coalition meetings.
 - By June 30, 2022, Kansas will have identified and overcome barriers to successful 988 implementation.

Core Area 6: Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services

- Phase 1 (Oct. 1, 2021 – June 30, 2022)
 - By June 30, 2022, each Lifeline crisis center in Kansas will have up-to-date referral resources for people in crisis that include the minimum required resources, referrals and linkages listed below.
 - By June 30, 2022, Kansas will have a clear process for engaging 988 with Public Safety Answering Points (PSAP's), 911 dispatch centers, and mobile crisis providers.

- Phase 2 (July 1, 2022 – June 30, 2023)
 - By June 30, 2023, all Lifeline centers in Kansas will have access to a shared, comprehensive statewide/territory-wide list of resources, referrals, and linkages.

Core Area 7: Ensure All State/Territory Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters

- Phase 1 (Oct. 1, 2021 – June 30, 2022)
 - By June 30, 2022, Kansas will specify which center(s) will collectively be ready to handle a minimum of 50 percent follow-up/outbound call volume projected in their 988 Year 1 Cost and Volume Projections report.
 - By the end of Phase 1 (June 30, 2022), all Lifeline Call Centers will be aligned with Lifeline standards for follow-up services.
- Phase 2 (July 1, 2022 – June 30, 2023)
 - By June 30, 2023, Kansas will specify which center(s) will collectively be ready to handle a minimum of 100 percent follow-up/outbound call volume projected in their 988 Year 1 Cost and Volume Projections report.

Core Area 8: Plan and Implement Marketing for 988 in Your State/Territory

- Phase 1 (Oct. 1, 2021 – June 30, 2022)
 - By June 30, 2022, Kansas will have a 988-messaging strategy and plan for implementation of said strategy.
- Phase 2 (July 1, 2022 – June 30, 2023)
 - By June 30, 2023, Kansas will implement their 988-messaging strategy.



988 Broad State Metrics for KS: 2022-11-01 - 2023-11-30

Calls

Note - The following metrics are for the performance of the state or territory's local center performance, and excludes calls routed to or serviced by additional subnetworks that these center(s) may support. **See final page for a full glossary of terms presented in this report.**

KPIs for Calls in KS													
	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
Routed	1,603	1,745	1,861	1,702	1,805	1,842	2,087	1,863	2,040	1,867	1,953	2,148	2,022
Received	1,603	1,745	1,861	1,702	1,805	1,842	2,087	1,863	2,040	1,867	1,953	2,148	2,022
Answered In-State	1,418	1,593	1,692	1,591	1,619	1,688	1,917	1,723	1,850	1,659	1,720	1,931	1,793
In-State Answer Rate	88%	91%	91%	93%	90%	92%	92%	92%	91%	89%	88%	90%	89%
Abandoned In-State	144	138	145	96	163	134	148	125	160	189	204	188	201
In-State Abandon Rate	9%	8%	8%	6%	9%	7%	7%	7%	8%	10%	10%	9%	10%
Flowout to Backup	41	14	24	15	23	20	22	15	30	19	29	29	28
Rollover Rate to Backup of Calls	2.6%	0.8%	1.3%	0.9%	1.3%	1.1%	1.1%	0.8%	1.5%	1.0%	1.5%	1.4%	1.4%
Average Speed to Answer	00:19	00:20	00:19	00:18	00:21	00:22	00:20	00:21	00:20	00:21	00:22	00:22	00:20

Vibrant Emotional Health (“Vibrant”), as the Administrator of the National Suicide Prevention Lifeline (“Lifeline”) under a Cooperative Agreement with the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (“SAMHSA”), maintains this data to enhance public access to the Lifeline’s information. This is a service that is continually under development. While we try to keep the information timely and accurate, we make no guarantees. We will make an effort to correct errors brought to our attention. Users should be aware that information being presented may not reflect official positions of Vibrant, the Lifeline, or SAMHSA. With respect to documents available from this report, neither Vibrant, the United States Government, nor any of their employees assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information disclosed, or represents that its use would not infringe privately owned rights. The data on this report may contain hypertext pointers to information created and maintained by other public and private organizations. Please be aware that we do not control or guarantee the accuracy, relevance, timeliness, or completeness of this outside information. Further, the inclusion of pointers to particular items in hypertext is not intended to reflect their importance, nor is it intended to endorse any views expressed or products or services offered by the author of the reference or the organization operating the server on which the reference is maintained. Historical data may not exactly correspond with prior reporting, standardization of definitions and systems may have lead to such differences.



Chat and Text

KPIs for Texts in KS													
	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
State Demand	573	517	529	541	656	650	649	640	712	767	831	858	940
Received	374	317	389	376	445	415	451	465	518	485	664	614	647
Answered In-State	127	96	146	158	218	253	264	279	258	251	229	266	277
In-State Answer Rate	34%	30%	38%	42%	49%	61%	59%	60%	50%	52%	34%	43%	43%
Abandoned In-State	0	0	1	1	1	0	0	1	3	1	2	0	0
In-State Abandon Rate	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%
Flowout to Backup	247	221	242	217	226	163	187	185	257	233	433	348	370
Average Speed to Answer	00:27	00:12	00:12	00:16	00:24	00:21	00:14	00:19	00:17	00:31	00:25	00:28	00:31

KPIs for Chats in KS													
	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
State Demand	463	437	364	425	441	514	377	367	416	438	446	371	361
Received	404	405	410	367	472	412	372	334	302	314	434	301	324
Answered In-State	133	140	158	170	214	253	222	181	141	139	136	128	143
In-State Answer Rate	33%	35%	39%	46%	45%	61%	60%	54%	47%	44%	31%	43%	44%
Abandoned In-State	0	1	0	1	0	0	0	0	1	1	0	3	14
In-State Abandon Rate	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	4%
Flowout to Backup	271	264	252	196	258	159	150	153	160	174	298	170	167
Average Speed to Answer	00:05	00:05	00:05	00:05	00:04	00:03	00:04	00:05	00:05	00:18	00:09	00:10	00:09



Call Demand

This table shows the number of routed calls for each network from callers in the state - this is considered the network-level demand for callers in the state.

Note - in this table, "NSPL" is inclusive of calls that concluded in the local network, as well as the National-Backup subnetwork.

KS Lifeline Calls Routed by Network													
Network	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
LGBTQ*	NA	NA	NA	NA	NA	NA	NA	NA	362	171	171	157	180
NSPL	1,603	1,745	1,861	1,702	1,805	1,842	2,087	1,863	2,040	1,867	1,953	2,148	2,022
Spanish	12	32	14	35	44	72	17	77	71	35	30	37	42
VA	603	577	689	644	759	716	753	690	610	658	671	654	605
Total	2,218	2,354	2,564	2,381	2,608	2,630	2,857	2,630	3,083	2,731	2,825	2,996	2,849

* The LGBTQ+ Youth Subnetwork launched July 3, 2023.



Center Information

Center Hours of Operation

Below is the most *current* information that the Lifeline has received regarding Hours of Operation for each local, NPSL center. For historical Hours of Operation, or if there are any questions regarding these hours, first reach out directly to the centers before contacting the Lifeline.

Daily Hours of Operation for Local Centers in KS								
Center	Network	Mon	Tue	Wed	Thu	Fri	Sat	Sun
COMCARE of Sedgwick County	NSPL	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -
HealthSource Integrated Solutions	NSPL	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -
Johnson County Crisis Line	NSPL	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -
Kansas Suicide Prevention HQ	NSPL	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -	00:00 - 24:00 -



NSPL Center Coverage Areas

Note that **Coverage** means the geographic area (which can be designated by county, area code, and/or zip code) served and the hours of operation during which a crisis center answers calls.

- **Primary** indicates a center providing primary coverage to a certain geographic area will be the *first center* to which calls from that area are routed to.
- **Backup** indicates that if the center providing primary coverage for a certain area does not answer the call within Lifeline’s specified time threshold, the call is then routed to a center providing backup coverage for that area. This is different from National-Backup coverage, which is not covered in this report.

KS Local NSPL Centers Coverage Areas			
Center	Backup State Code	Primary FIPS County Code	Primary State Code
COMCARE of Sedgwick County		Sedgwick	
HealthSourceKS Integrated Solutions	KS		
Johnson County Crisis Line		Johnson	
Kansas Suicide Prevention HQ			KS



Center-Level In-State Call Metrics

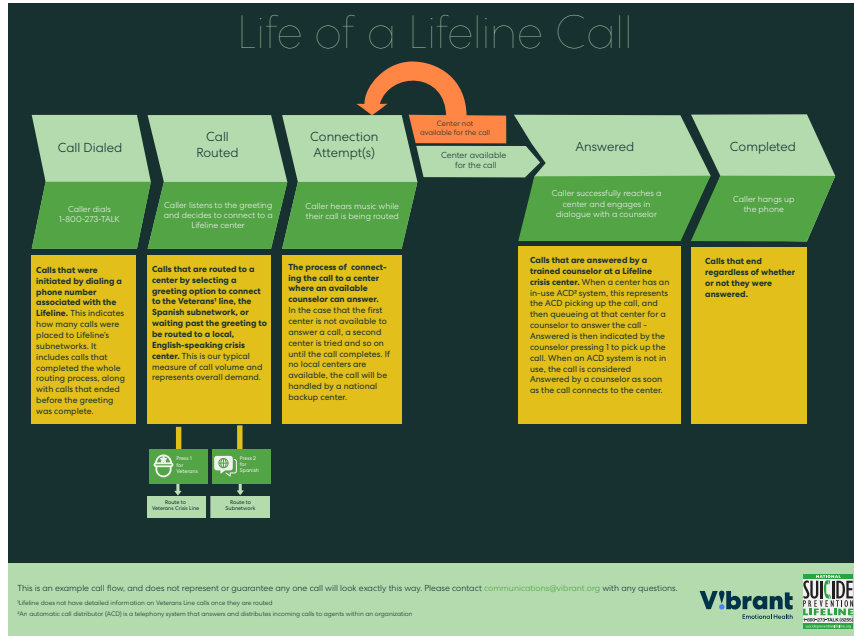


Figure 1: Call Routing Infographic

Minor discrepancies in offered/answered volume or answer rate can occur as a natural result of working with different phone systems - namely Lifeline's network-wide tracking and each center's unique system. Lifeline's system sees the whole life of a call (see Life of a Lifeline Call Infographic for details), while center systems track calls upon their arrival to the center. Centers with an Automated Call Distribution (ACD) system may see slightly larger discrepancies - please report discrepancies larger than 150 calls accounting for 5% of answer rate on the Report Inquiry Form¹.

Given these two perspectives, network (where one call touches multiple centers, as in above statewide metrics) and center level (where each call is part of a larger journey on the network), numbers presented at the center level will necessarily be inconsistent with those presented at the network/statewide level. As such, please refrain from aggregating the numbers in this report to compare with other state- or nation-wide numbers.

Also - please note that all metrics are calculated using the time (in EST) that a caller *dialed* the Lifeline, to stay in alignment with all other 988 reporting. Centers should take special care to pull their reports in EST to more closely approximate these reports, and recognize this as another potential source of discrepancy between reporting systems.

¹<https://forms.gle/vLA3PZPQKd1TcCLg7>



COMCARE of Sedgwick County (Wichita, KS) (KS316000) NSPL Call Metrics													
	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
Offered	326	321	263	243	308	298	339	298	302	237	317	275	280
Answered	291	281	234	220	254	253	278	256	258	198	263	220	226
Answer Rate	89%	88%	89%	91%	82%	85%	82%	86%	85%	84%	83%	80%	81%
ASA	00:12	00:13	00:14	00:13	00:17	00:16	00:17	00:16	00:16	00:15	00:18	00:16	00:18

Kansas Suicide Prevention HQ (Lawrence, KS) (KS490000) NSPL Call Metrics													
	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
Offered	1,106	1,266	1,452	1,349	1,340	1,426	1,616	1,454	1,498	1,480	1,478	1,692	1,580
Answered	957	1,114	1,273	1,234	1,195	1,282	1,463	1,316	1,332	1,267	1,248	1,451	1,347
Answer Rate	87%	88%	88%	91%	89%	90%	91%	91%	89%	86%	84%	86%	85%
ASA	00:16	00:16	00:15	00:15	00:14	00:15	00:15	00:14	00:15	00:15	00:16	00:16	00:15

HealthSource Integrated Solutions (Topeka, KS) (KS785000) NSPL Call Metrics													
	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
Offered	101	58	73	40	48	59	60	55	127	77	96	115	108
Answered	39	37	37	21	23	38	33	32	72	46	50	68	61
Answer Rate	39%	64%	51%	52%	48%	64%	55%	58%	57%	60%	52%	59%	56%
ASA	00:31	00:31	00:24	00:33	00:23	00:25	00:23	00:30	00:33	00:28	00:37	00:29	00:27

Johnson County Crisis Line (Mission, KS) (KS913000) NSPL Call Metrics													
	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
Offered	150	181	165	128	200	136	160	138	207	165	178	210	169
Answered	132	162	148	117	155	121	144	119	189	148	160	192	159
Answer Rate	88%	90%	90%	91%	78%	89%	90%	86%	91%	90%	90%	91%	94%
ASA	00:05	00:06	00:06	00:06	00:05	00:06	00:07	00:06	00:05	00:07	00:06	00:06	00:06



Glossary

Please note that all metrics are calculated using the time (in EST) that a caller dialed the Lifeline.

State Calls:

- **Routed:** Number of calls that listen to the initial greeting to then be routed to a center. This metric is used for network-wide and historic reporting, and includes *all calls sent to a center*, regardless of the time the caller abandoned.
- **Received:** Number of calls that listen to the initial greeting to then be routed to a center. This metric is used for network-wide and historic reporting, and includes *all calls sent to a center*, regardless of the time the caller abandoned.
 - As of September 22, 2022, “Received” is equivalent to “Routed” due to improved accuracy in tracking the routing process. The field remains for historical comparison.
- **Answered In-State:** Number of “Received” calls answered by a state or territory’s center(s).
- **In-State Answer Rate:** All “Answered In-State” calls divided by all calls “Received” to the state.
- **Abandoned In-State:** Number of “Received” calls that disconnect prior to being engaged by a counselor at a state or territory’s center(s). Disconnection may happen for a number of reasons, including but not limited to: the person reaching out changes their mind about seeking care at that moment; the person no longer feels they have privacy or safety in their environment; or there is a random technical service interruption, which may occur due to internet instability, carrier glitches, etc.
- **Flowout to Backup:** Number of “Received” calls not “Answered In-State” nor “Abandoned In-State”.
- **Rollover Rate to Backup:** Number of “Flowout to Backup” calls divided by total number of “Received” calls.
- **In-State Abandon Rate:** All “Abandoned In-State” calls divided by all “Received” calls.
- **Average Speed of Answer (ASA) In-State:** Out of all “Answered In-State” calls, the average time a contact takes to be answered after listening to the automated greeting. As “ASA’s” are by nature an “average,” the experience of those contacting the Lifeline at different centers in different states or times of day may experience variations in individual wait times.

Chats/Texts

- **State Demand:** The number of contacts initiated from the state/territory. For text, the contact’s state is based on the contact’s exchange (first 6 digits of their phone number). For chat, state is based on the contact’s IP address.
- **Received:** Number of contacts that enter the state/territory’s queue. For text, the contact’s state is based on the contact’s exchange (first 6 digits of their phone number). For chat, state is based on the zip code entered in the contact’s pre-chat survey. The values will be populated whenever routing to a 988 crisis center is established to respond to in-state chats and texts.
- **Answered In-State:** Number of contacts answered from the state/territory’s queue. The values will be populated whenever routing to a 988 crisis center is established to respond to in-state chats and texts.
- **In-State Answer Rate:** All contacts “Answered In-State” divided by all contacts “Received”. The values will be populated whenever routing to a 988 crisis center is established to respond to in-state chats and texts.
- **Abandoned In-State:** Number of “Received” contacts that disconnect prior to being engaged by a counselor at a state/territory’s center(s). The values will be populated whenever routing to a 988 crisis center is established to respond to in-state chats and texts. Disconnection may happen for a number of reasons, including but not limited to: the person reaching out changes their mind about seeking care at that moment; the person no longer feels they have privacy or safety in their environment; or there is a random technical service interruption, which may occur due to internet instability, carrier glitches, etc.
- **In-State Abandon Rate:** All contacts “Abandoned In-State” divided by all contacts “Received”. The values will be populated whenever routing to a 988 crisis center is established to respond to in-state chats and texts.
- **Flowout to Backup:** Number of “Received” contacts not “Answered In-State” nor “Abandoned In-State”.
- **Average Speed to Answer:** Out of all “Answered In-State” contacts, the average time a contact takes to be answered after being offered to the state/territory’s queue. As “ASA’s” are by nature an “average,” the experience of those contacting the 988 Lifeline at different centers in different states or times of day may experience variations in individual wait times.

Center-Level Metrics

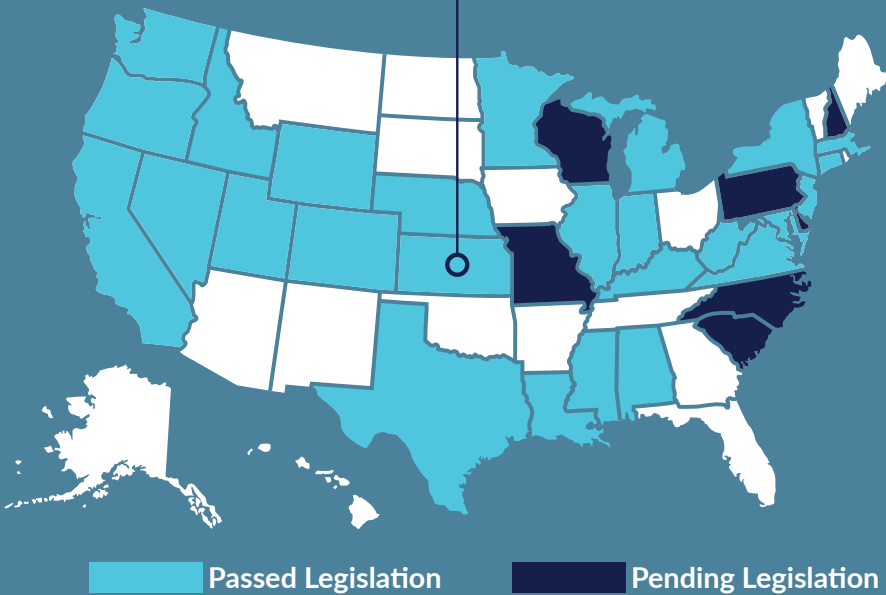
- **Offered:** Number of calls that Vibrant offers to the center.
 - With the exception of July 1, 2022 to September 22, 2022, the term Offered includes *all calls routed to a center*, regardless of what time they abandoned at the center.
- **Answered:** Number of calls that Vibrant sees the center answering.
 - Note that prior to July 2022, Answered was calculated using Center Performance Metrics to approximate center performance at ACD centers.
- **Answer Rate:** All “Answered” calls divided by all “Offered” calls for center-level metrics, as defined above.
- **ASA (Average Speed to Answer):** For centers, this is the average time to answer a call, for all answered calls at the center. The time to answer a call is calculated from the moment a call is offered to the center, until Vibrant receives the answered signal from the center. As “ASA’s” are by nature an “average,” the experience of those contacting the 988 Lifeline at different centers in different states or times of day may experience variations in individual wait times.



One Year Later: A Closer Look at the Lifeline in Kansas

The 988 Suicide and Crisis Lifeline, formerly known as the National Suicide Prevention Lifeline, is a resource that connects people in crisis with a local center that provides free and confidential emotional mental health support and resources. The new three-digit number has been active since July 16, 2022, and is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by Vibrant Emotional Health (Vibrant). The Kansas 988 Network consists of three main centers (Kansas Suicide Prevention HQ, Johnson County Crisis Line, and COMCARE of Sedgwick County) with backup provided by HealthSource Integrated Solutions.

As of June 2023, 33 states have passed or have pending legislation related to 988



Kansas passed Senate Bill 19 in the 2022 session, implementing the 988 Lifeline with oversight from the Kansas Department for Aging and Disability Services (KDADS). SB 19 allows for \$10 million in state general funds to cover 988 costs each year through 2026 and established a 988 Coordinating Council to guide 988 implementation and delivery and make recommendations for improvement.

90.3%

Kansas has maintained above a 90 percent in-state answer rate since December 2022, with an average in-state answer rate of 90.3 percent for a twelve-month period (August 2022 to July 2023).

52.1%

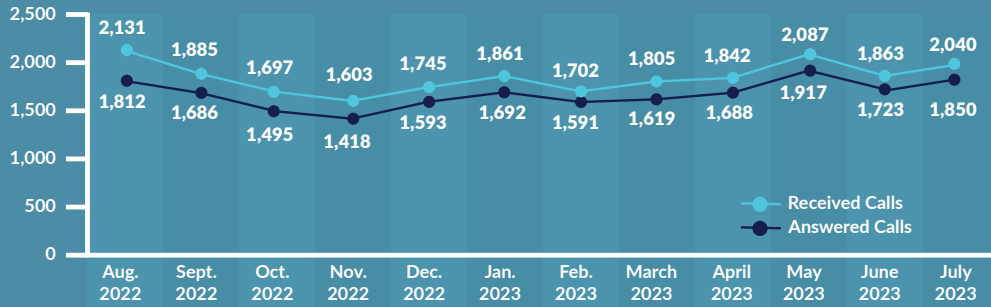
Texts and chats to 988 saw approximately a 52.1 percent increase in volume from August 2022 to July 2023, most likely due to the increased hours for services at the centers.

Source: Kansas Health Institute analysis of data from Vibrant Emotional Health 988 Broad State Metrics Report and legislation-related data from National Alliance on Mental Illness and National Academy for State Health Policy.



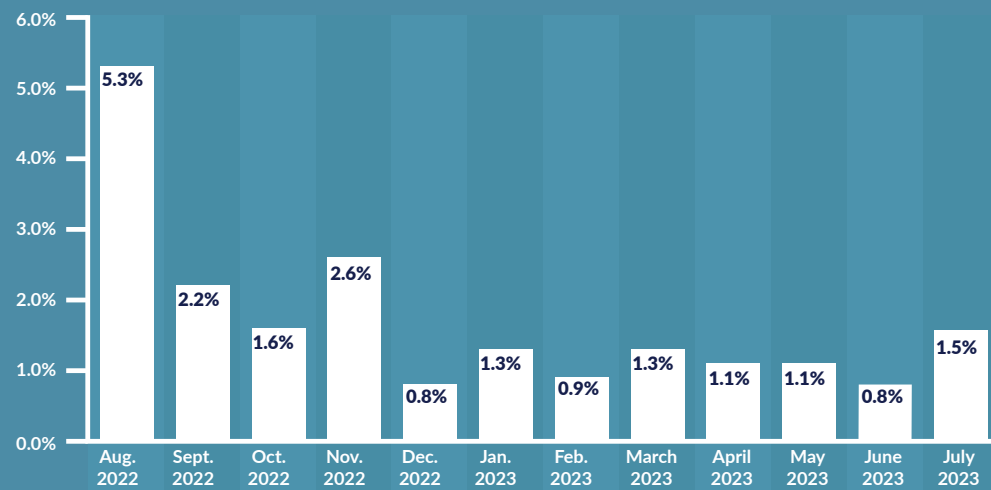
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Number of 988 Calls Received and Answered in State, August 2022-July 2023



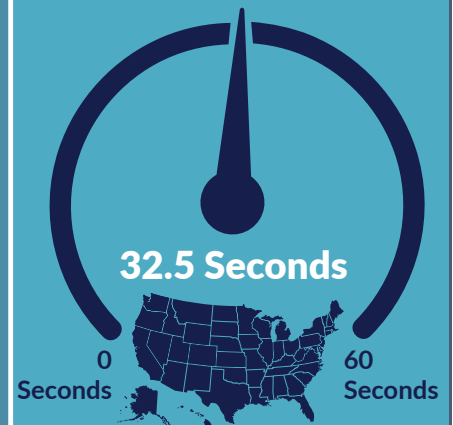
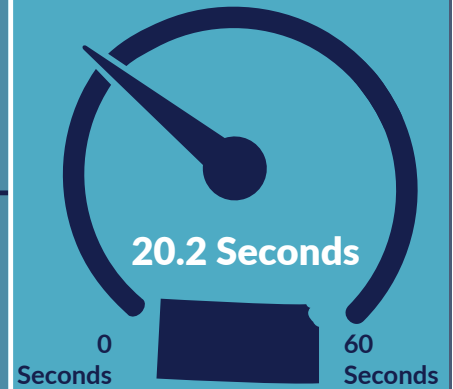
The total number of calls answered in Kansas over a twelve-month period (August 2022 to July 2023) was 20,084, making the average number of calls per month answered in Kansas 1,674.

Rate of Rollover Calls, August 2022-July 2023



The rate of rollover calls to the backup answering center saw a 71.7 percent decrease from August 2022 to July 2023.

For the first six months of 2023, the average speed to answer calls in Kansas was approximately 20 seconds, which is 12 seconds faster than the national average.



762

An average of 762 texts and chats were received monthly during the twelve months.



Resources

- ABOUT Healthcare. <https://www.abouthhealthcare.com/>
- Bert Nash: Your Community Mental Health Center. <https://www.bertnash.org/>
- DCCCA. <https://www.dccca.org/>
- ESRI. What is GIS? [https://www.esri.com/en-us/what-is-gis/overview#:~:text=A%20geographic%20information%20system%20\(GIS,what%20things%20are%20like%20there\)](https://www.esri.com/en-us/what-is-gis/overview#:~:text=A%20geographic%20information%20system%20(GIS,what%20things%20are%20like%20there))
- Heartland Community Health Center. Mental & Behavioral Health. <https://heartlandhealth.org/mental-health/>
- Kansas Department for Aging and Disability Services. 988 Suicide and Crisis Lifeline. <https://kdads.ks.gov/988>.
- Kansas Health Information Network. <https://www.khinonline.org/>
- Kansas Health Institute. Event Recap: 988 Suicide and Crisis Lifeline – Year 1 Impacts. <https://www.khi.org/articles/event-recap-988-suicide-and-crisis-lifeline-year-1-impacts/>
- Kansas Hospital Association. <https://www.kha-net.org/>
- Kansas Legislature. (2022). H Sub for SB19. http://www.kslegislature.org/li_2022/b2021_22/measures/sb19/
- Kansas Sheriffs' Association. <https://www.kansassheriffs.org/>
- KONZA National Network. <https://www.konza.org/>
- National Center for Start Services, Institute on Disability, University of New Hampshire. <https://centerforstartservices.org/>
- Netsmart. <https://www.ntst.com/>
- Substance Abuse and Mental Health Services Administration. 988 Key Messages. <https://www.samhsa.gov/find-help/988/key-messages>
- Substance Abuse and Mental Health Services Administration. National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
- TECHS Inc. Emergency Medical Services. <https://ksems.com/>
- Treatment & Recovery Center. <https://www.trcdgks.org/>
- Vibrant Emotional Health. <https://www.vibrant.org/>
- Vibrant Emotional Health. Vibrant and 988. <https://www.vibrant.org/988/>