



# 988 COORDINATING COUNCIL REPORT

Annual Report to the  
2026 Kansas Legislature

January 2026

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**January 2026**

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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 2025 to December 2025. The members of the Council (*Appendix A*, page 13) would like to thank the following individuals who provided support and supplemental expertise: Drew Adkins, Behavioral Health Services Commissioner, Kansas Department for Aging and Disability Services (KDADS); Laura Brake, Director of Crisis Services, KDADS; Aneliese Apala Flaherty, 988 Program Coordinator, KDADS; Shannon Garrett, Assistant Behavioral Health Commissioner, KDADS; Allyson Sanders, 988 Grant Program Evaluator, KDADS; and Lydia Shontz-Hochstedler, 988 Project Coordinator, KDADS. The list of 2025 presenters along with links to available presentations are in *Appendix B*, page 14. The following individuals contributed to the development of this report:

- Andrew Brown, Deputy Secretary of Programs, KDADS
- James “Paul” Davis, Director of Emergency Services, Johnson County
- Russell Klumpp, Assistant Chief, Topeka Police Department
- Matt Fletcher (from August 2024 to July 2025), Executive Director, InterHab
- Patrick Fucik, Director of State Government Affairs, T-Mobile
- Kenneth Nelson, Associate Director for GIS and IT, Kansas Geological Survey at the University of Kansas
- Zack Odell, Chief Executive Officer, S&T Communications
- Molly Perkins, Case Manager, Johnson County Government Mental Health
- Monica Kurz, Chief Administrative Officer, HealthSource Integrated Solutions
- Meghan Shreve (from September 2025), Executive Director, InterHab
- Colin Thomasset, Chief Executive Officer, Wheat State Healthcare
- Gene Ward, Sheriff, Seward County

Additionally, the members of the Council extend special thanks to Kansas Health Institute (KHI) staff Valentina Blanchard, M.P.H., M.S.W., and Shelby C. Rowell, M.P.A., along with former KHI staff member Hina B. Shah, M.P.H., for providing process facilitation, support and report preparation under the direction of the members of the Council.

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 from January to December 2025. The Council is responsible for advising the Kansas Department for Aging and Disability Services (KDADS) on the delivery of 988 services, future enhancements of the network, and budget distributions through 2026.

Throughout 2025, the 988 Coordinating Council convened six 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 impact of the 988 system. The most recent data indicates that, overall, Kansas is maintaining the goals set forth in the original Kansas 988 Implementation Plan. Some data highlights include:

- Kansas saw a steady increase in call volume, with the number of routed calls climbing from 2,751 in January 2025 to as high as 3,796 in October 2025.
- Kansas' in-state answer rate remained around or above the state goal of 90 percent after March 2025, after starting the year below the goal.

In 2025, the Council focused on strengthening coordination across Kansas' crisis response system and evaluating future needs as 988 call volume and public awareness continued to grow. Discussions centered around improving mobile crisis response and dispatch technology, enhancing 988-911 interoperability and expanding outreach to ensure access to services statewide. The Council also reviewed trends in sustainable funding used by other states, assessed long-term budget capacity as demand increases, and monitored performance across Kansas' five 988 centers.

This 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 residents.

## Recommendations to the 2026 Legislature

The 988 Coordinating Council recommends that the Legislature take action to ensure the long-term sustainability and growth of Kansas' 988 system by increasing available funding and maintaining coordinated oversight of crisis response services. Specifically, the Council recommends:

- Increasing the budget for 988 operations and related crisis services, either by:
  1. Raising the current \$10 million cap on the 988 Fund to \$13 million
  2. Identifying alternative or supplemental revenue sources, such as allocating a percentage of state lottery proceeds or sports betting revenue to the 988 Fund
  3. Revisiting the discussion of the telecommunications fee as an additional, stable funding stream to support ongoing 988 operations, technology and workforce needs
- Extending the 988 Coordinating Council beyond June 30, 2026, to provide continued oversight, coordination and system development.

For more information, see Sustainable Funding discussion on 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 an Implementation Plan (*Appendix C*, page 15) and integrated three centers — [HeadQuarters Kansas](#), [COMCARE of Sedgwick County](#) and [Johnson County Crisis Line](#) — that previously served as National Suicide Prevention Lifeline (NSPL) Centers into the Kansas 988 Network with statewide backup support from [HealthSource 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 federal [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) and administered by [Vibrant Emotional Health](#).

House Substitute for Senate Bill 19, enacted by the 2022 Kansas Legislature, created the 988 Coordinating Council to advise the Secretary of KDADS regarding the delivery of 988 services, development of strategies for future enhancements to the 988 network and the distribution of funds for organizations providing services as NSPL Centers. KDADS receives \$10 million annually from the State General Fund (SGF) to allocate toward 988 services. If any funds remain at the end of the fiscal year, they are returned to the SGF, and another \$10 million is allocated for the following year. The law also 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 Kansas Legislature. The bill requires the report to include a detailed description of all expenditures made from 988 fees received by the NSPL Centers.

The 988 system in Kansas has continued to grow since its implementation in July 2022. In May 2024, [Wyandot Behavioral Health Network](#) was added as a designated 988 center. To meet increasing demand for services (*Figures 1 and 2*, page 4), two centers, HealthSource Integrated Solutions and COMCARE, began providing chat and text services in Nov. 2024 and July 2025, respectively. These enhancements aim to improve accessibility and ensure that Kansans have more options to connect with 988 services when needed.

## Council Areas of Focus

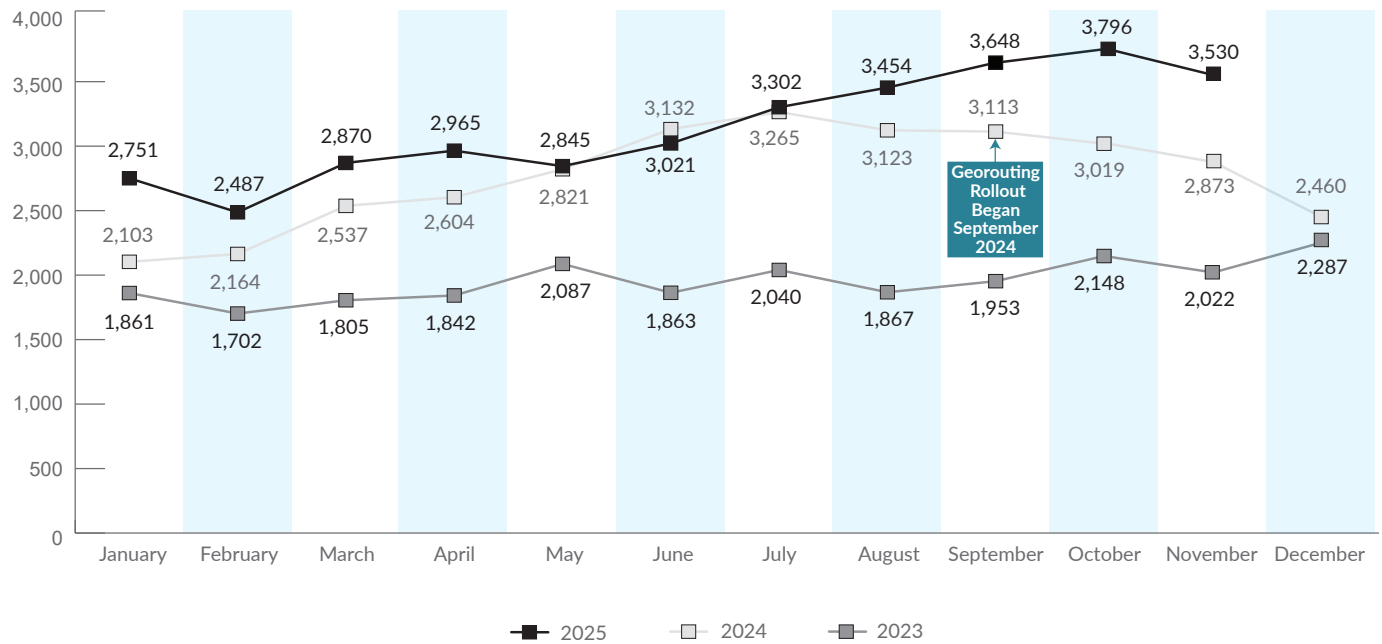
### Review of Key Performance Indicators (KPIs)

At each meeting, the Council reviewed data provided by Vibrant Emotional Health to ensure that Kansas and its 988 centers are 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 areas of focus for the Council:

- **Number of Calls Routed:** The number of callers that listen to the initial greeting and are then routed to a center. While there is no set goal for this metric, the Council discussed the increase in call volume and text and chat numbers between year one and year two to ensure that the current network can handle the increase.
- **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. Kansas has remained around or above its goal of a 90 percent in-state answer rate since March 2025.

*Figure 3* (page 5) outlines several KPIs that are tracked by Vibrant Emotional Health and the associated Kansas and national goals for those KPIs. The most recent Vibrant Emotional Health data (*Appendix D*, page 17) received by KDADS indicates that overall, Kansas is maintaining the goals set forth in the original Kansas 988 Implementation Plan.

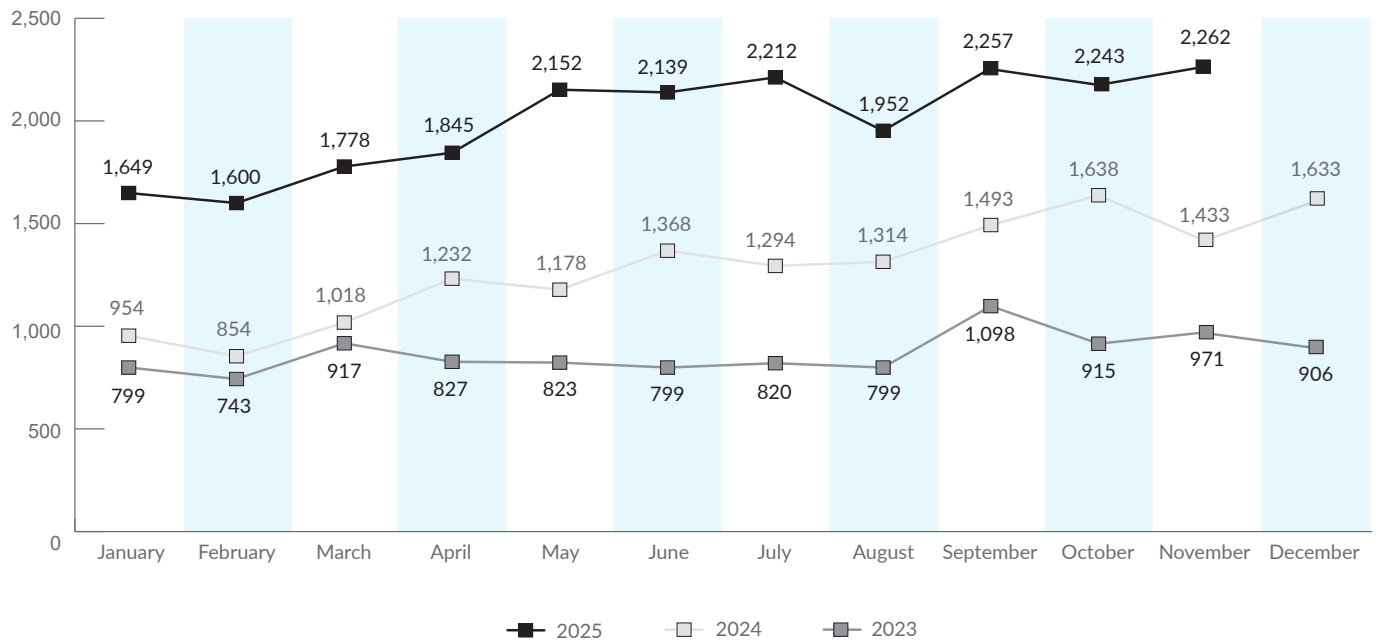
Figure 1. 988 Calls Routed In-State Monthly, Jan. 1, 2023-Nov. 30, 2025



Note: Georouting for 988, which directs a caller to the crisis center nearest to their physical location, began rollout in September 2024. This requirement under the Federal Communications Commission (FCC) is a staged process. Nationwide wireless providers were required to implement georouting for 988 calls by January 2025, while smaller wireless providers have until December 2026. At this time, only calls are subjected to FCC requirements; however, the FCC has adopted rules that will require wireless carriers to implement text georouting in 2027.

Source. KHI analysis of data from Vibrant Emotional Health (2025) 988 Broad State Metrics for Kansas: Jan. 1, 2023 – Nov. 30, 2025.

Figure 2. 988 Texts and Chats Routed Monthly, Jan. 1, 2023-Nov. 30, 2025



Source. KHI analysis of data from Vibrant Emotional Health (2025) 988 Broad State Metrics for Kansas: Jan. 1, 2023 – Nov. 30, 2025.

Figure 3. 988 Key Performance Metrics, January 2025–November 2025

Metric	Kansas Goal	National Goal	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.
Calls Routed	N/A	N/A	2,751	2,487	2,870	2,965	2,845	3,021	3,302	3,454	3,648	3,796	3,530
In-State Answer Rate for Calls	90%	90%	88.4%	83.7%	89.5%	90.9%	91.2%	92.0%	91.7%	89.5%	89.6%	91.5%	89.1%
Average Speed to Answer for Calls (seconds)	00:20	95% answered in 20 seconds	25.8	27.2	24.3	23.0	23.3	22.8	23.7	24.9	26.8	27.8	30.2
Average Talk Time (minutes)	N/A	N/A	15.9	16.7	16.2	16.6	16.1	15.7	15.2	15.5	16.2	16.1	15.9
In-State Abandon Rate for Calls	None	Less than 5%	10.1%	14.5%	9.3%	8.2%	8.0%	7.0%	8.0%	9.7%	9.2%	7.9%	10.0%
Rollover Rate to Backup Centers for Calls	None	Less than 10%	1.0%	1.6%	1.1%	0.8%	0.6%	0.0%	0.3%	0.4%	0.8%	0.5%	0.8%
Texts Routed	N/A	N/A	967	865	1,000	1,006	1,223	1,202	1,234	1,121	1,357	1,379	1,445
In-State Answer Rate for Texts	80%	Greater than 90%	60.6%	62.5%	55.2%	61.5%	62.0%	65.0%	66.0%	62.9%	56.4%	65.0%	64.9%
Chats Routed	N/A	N/A	682	735	778	839	929	937	978	831	900	864	817
In-State Answer Rate for Chats	80%	Greater than 90%	62.2%	61.8%	55.0%	62.1%	58.8%	61.0%	65.0%	66.8%	67.9%	80.3%	79.7%

Note: Calls Routed: Calls, texts, or chats to 988 that are transferred to a 988 crisis contact center after a person listens to the greeting (calls) or answers some questions (text and chat). In-State Answer Rate for Calls: The rate of calls answered by a primary call center. Average Speed to Answer (ASA): 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. 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. Rollover Rate to Backup Centers for Calls: Rate of calls that were not answered by a primary call center and were rolled over to the backup call center. Texts and Chats Routed: Number of contacts that enter the state’s/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’s/territory’s queue.

Source: Kansas Health Institute analysis of data from Vibrant Emotional Health (2025) 988 Broad State Metrics for Kansas: Oct. 1, 2024–Nov. 30, 2025.

### Call Center Operations

Representatives from HeadQuarters Kansas, Johnson County Mental Health Center, Wyandot Behavioral Health Network (BHN), COMCARE of Sedgwick County and HealthSource Integrated Solutions presented updates on their operations, staffing and ongoing system improvements. Across centers, staffing shortages remained a consistent challenge. Centers reported difficulty recruiting and retaining qualified staff, especially for 12-hour clinical shifts, and several discussed strategies to stabilize their workforce through cross-training, new hires and leadership changes. Despite these challenges, all centers continue to maintain coverage, with several achieving answer rates above 84 percent.

Technology and infrastructure were common points of discussion. Multiple centers transitioned to new phone systems in 2025 or were preparing to join the Vibrant chat and text network. Centers also reported ongoing work to integrate local crisis lines with 988 operations to streamline responses and referrals. The Council discussion focused on how centers coordinate with 911 and mobile crisis teams, emphasizing the importance of shared

response protocols and clear referral pathways. COMCARE’s embedded clinician model with 911 dispatch was highlighted as an example of effective coordination between local emergency and behavioral health systems.

Additional discussion covered quality assurance processes, including Wyandot BHN’s new staff self-assessment model, where staff review their own calls prior to supervision. While each center reported progress in outreach and operations, all noted the continued need for staffing support and technology upgrades to maintain service quality and capabilities.

### Center Demographics

To better understand the population utilizing 988 services, the Council requested data on the ages of callers from the 988 call centers (Figures 4–8). By reviewing the age distribution of individuals reaching out through calls, the Council may be able to support the centers in identifying trends and future outreach and support strategies for different age groups.

**Figure 4. Ages for 988 Callers at HeadQuarters Kansas, January 2025-September 2025**

Age	Crisis Contact (local lines)	Suicide and Crisis Lifeline (988)	Chat and Text
12 and Under	7	119	254
13 to 17	27	443	1,119
18 to 25	203	798	679
26 to 59	1,332	2,884	799
60 and Above	1,039	1,154	80
Age Unknown	2,561	5,795	5,800
<b>Total</b>	<b>5,169</b>	<b>11,193</b>	<b>8,731</b>

Note: Age ranges were provided by HeadQuarters Kansas and may differ from the ranges of other 988 centers.

Source: Kansas Health Institute analysis of HeadQuarters Kansas demographic data of crisis callers.

**Figure 5. Ages for 988 Callers at COMCARE of Sedgwick County, January 2025-September 2025**

Age	Crisis Contact (local lines)	Suicide and Crisis Lifeline (988)
12 and Under	602	38
13 to 17	1,519	183
18 to 24	4,046	347
25 to 60	16,508	1,505
61 and Above	3,354	291
Age Unknown	1,834	979
<b>Total</b>	<b>27,863</b>	<b>3,343</b>

Source: Kansas Health Institute analysis of COMCARE of Sedgwick County demographic data of crisis callers.

**Figure 6. Ages for 988 Callers at Johnson County Crisis Line, January 2025-September 2025**

Age	Crisis Contact (local lines)	Suicide and Crisis Lifeline (988)
12 and Younger	440	68
13 to 17	1,204	142
18 to 24	1,106	243
25 to 60	9,700	1,564
61 and Above	2,813	567
Age Unknown	425	470
<b>Total</b>	<b>15,688</b>	<b>3,054</b>

Source: Kansas Health Institute analysis of Johnson County Crisis Line demographic data of crisis callers.

**Figure 7. Ages for 988 Callers at Wyandot Behavioral Health Network, January 2025-September 2025**

Age	Suicide and Crisis Lifeline (988)
12 and Younger	29
13 to 17	54
18 to 24	119
25 to 60	466
61 and Above	275
Age Unknown	2,474
<b>Total</b>	<b>3,417</b>

Note: Wyandot Behavioral Health Network’s local crisis line is answered by HealthSource Integrated Solutions and will be included in their numbers.

Source: Kansas Health Institute analysis of Wyandot Behavioral Health Network demographic data from crisis callers.

**Figure 8. Ages for 988 Callers at HealthSource Integrated Solutions, January 2025–September 2025**

Age	Crisis Contact (local lines)	Suicide and Crisis Lifeline (988)	Chat and Text
12 and Under	579	2	6
13 to 17	688	10	26
18 to 24	630	13	9
25 to 60	5,014	76	46
61 and Above	1,371	18	2
Age Unknown	4,631	380	1,616
<b>Total</b>	<b>12,913</b>	<b>560</b>	<b>1,705</b>

Note: HealthSource Integrated Solutions has been providing chat and text services since July 2025.

Source: Kansas Health Institute analysis of HealthSource Integrated Solutions demographic data from crisis callers.

## Mobile Crisis and Dispatch Platforms

The Council examined two models to strengthen crisis response coordination in Kansas (*Appendix E*, page 18). The Mobile Response and Stabilization Services (MRSS) model focuses on children and youth, providing rapid, community-based crisis response and continued engagement with families for several weeks to support stabilization and connection to ongoing services. Kansas already utilizes MRSS, with state practice standards that emphasize timely response and hybrid in-person/telehealth delivery to reach rural areas.

The Care “Air Traffic Control” (ATC) model operates as a central hub, typically located within a 988 center, that tracks incoming calls, available mobile crisis teams and open stabilization beds in real time. This structure allows responders to route individuals quickly to the appropriate resource, reduce unnecessary law enforcement involvement and generate comprehensive system data. However, Council members noted that ATC requires significant investment in dispatch software, real-time data sharing and 24/7 staffing, making it resource-intensive to implement and sustain.

The state currently relies on direct coordination between 988 centers and community mental health centers (CMHCs)/certified community behavioral health centers (CCBHCs) rather than a unified statewide platform. Dispatch software options were reviewed, with preliminary cost estimates ranging from \$1.25 million to \$6 million depending on system scope and function ability. Council members discussed the benefits of statewide versus local dispatch systems and emphasized the benefits of a unified system for coordination and data sharing. The Council instructed KDADS to draft a Request for Information (RFI) that will allow the Council to review scopes, implementation plans and budget impacts for each vendor of interest.

### 988-911 Coordination

Throughout 2025, the Council continued discussions on improving coordination between 988 crisis centers and 911 Public Safety Answering

Points (PSAPs). Barriers identified included limited staffing at PSAPs, lack of standardized transfer protocols, incompatible software systems and uncertainty around liability and roles.

Progress has been made as many PSAPs now have programmed one-touch transfer buttons for 988. However, Council members noted that written protocols and consistent implementation remain limited across counties. A representative from the [Kansas 911 State Board](#) (previously the 911 Coordinating Council) recommended developing decision trees and standard operating procedures aligned with local Emergency Medical Dispatch protocols, as many dispatchers are unclear on how and when to transfer calls to 988. Presentations from Vibrant Emotional Health and the [National Emergency Number Association](#) (NENA) outlined new [988-911 interoperability standards](#), and a researcher with [Pew Charitable Trust](#) shared integration [examples](#) from other states, highlighting the importance of state-level support, early collaboration and flexibility in rural areas. Law enforcement representatives noted that 988 calls often lack critical logistical details, such as exact location, appearance or relevant history, which can complicate field response and create more high-risk scenarios.

To advance these efforts, KDADS is hiring a 988 Coordinator to help support protocol development, training and statewide system integration between 988 and 911.

### Awareness Campaigns

The National Alliance on Mental Illness’ 2025 poll shows that public awareness of 988 has reached its highest level to date. About 74 percent of Americans have heard of 988, and 28 percent report being familiar with the service. This marks continued growth from 2023, when awareness was 64 percent and familiarity 23 percent.

The Council discussed additional strategies to increase visibility, including expanding digital advertising across social media, streaming services, and podcasts; using geo-fencing (local-based call routing) to target messaging at large public events; and leveraging partnerships with universities, sports teams and hospitals.

Council members also noted that several 988 centers have developed local awareness campaigns and discussed whether some outreach funding could be reallocated to support staffing and improve response times. The Council further emphasized the importance of engagement with Kansas' four tribal nations to strengthen access and awareness within those communities.

## ***Sustainable Funding***

The Council reviews sustainable funding options biannually as well as how other states are funding their 988 networks. This ongoing review helps Kansas assess long-term strategies to sustain and expand 988 operations as call volume and public awareness continue to grow.

The Council reviewed how other states are maintaining and expanding their 988 networks. As of 2025, [thirteen states and territories](#) have enacted telecommunications fees dedicated to 988. Examples include Delaware, which matches its 911 fees at \$0.60 per line; California, which prioritizes telecom revenue first for 988 operations and then for mobile crisis response; Maryland, which exempts telecom fees for those that are part of the FCC's Lifeline program for low-income consumers; and Colorado, which employs a variable fee that adjusts based on need.

Council members discussed several potential strategies to increase Kansas' 988 funding capacity and are recommending the following to the Legislature:

- Raising the \$10 million statutory cap on the 988 Fund to \$13 million to allow continued growth and flexibility as system needs expand
- Allocating a percentage of lottery or sports betting revenue to supplement the SGF transfer
- Revisiting the telecommunications fee discussion as an option for a consistent, dedicated funding stream to support 988 operations, technology and workforce development

In addition to increasing funding capacity, the Council discussed the oversight of these funds and the importance of collaboration across systems in the continuation of the 988 system. Based on this discussion, the Council is recommending that the Legislature extend the Kansas 988 Coordinating Council beyond June 30, 2026, to provide ongoing oversight and coordination across the system as Kansas continues to strengthen its behavioral health crisis infrastructure.

## **Budget**

House Substitute for Senate Bill 19 authorized the allocation of \$10 million in state general funds to cover 988 costs each year. 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 present to the Legislature.

At the end of Fiscal Year 2025, the budget (*Figure 9, page 11*) indicates that approximately \$94,000 that was allocated was unspent, in addition to the \$75,000 that was unallocated at the start of the fiscal year.

In February 2025, Council members noted \$825,607 in unallocated Fiscal Year 2026 funds and considered reallocating resources based on call volume and performance. In April, the Council approved the fiscal year 2026 budget (*Figure 10, page 12*) that would redirect marketing funds to call center operations. In October, the Council instructed KDADS to do outreach to the 988 centers to identify current capacity challenges and determine if the remaining unallocated funds (\$534,728) would help centers maintain performance and answer rates amid increased demand.

**Figure 9. Fiscal Year 2025 988 Fund Budget vs Actuals, July 2024-June 2025**

Agency	Budget	Actuals	(Over)/Under Budget
988 Call Center Operations			
COMCARE of Sedgwick County	\$1,080,000.00	\$1,080,000.00	\$0.00
Johnson County Mental Health Center	\$1,875,000.00	\$1,875,000.00	\$0.00
Headquarters Kansas	\$2,999,521.28	\$2,999,521.28	\$0.00
Wyandot Behavioral Health Network	\$1,221,658.00	\$1,221,658.00	\$0.00
HealthSource Integrated Solutions	\$1,621,110.00	\$1,581,931.00	\$39,179.00
988 Coordinating Council Facilitation			
Kansas Health Institute	\$38,235.00	\$31,997.05	\$6,237.95
988 and Mental Health Marketing/Promotion			
KSNT – Man Therapy Awareness	\$63,000.00	\$63,000.00	\$0.00
KSNT (K-Nation)	\$12,600.00	\$12,600.00	\$0.00
LEARFIELD Sports LCC	\$400,000.00	\$400,000.02	(\$0.02)
Mammoth Creative Co. – Man Therapy Awareness	\$209,454.00	\$209,453.60	\$0.40
Mammoth Creative Co.	\$131,281.00	\$131,281.00	\$0.00
OnGoal, LLC dba Sporting Kansas City	\$75,000.00	\$75,000.00	\$0.00
KDADS Salaries and Fringe Benefits			
KDADS 988 Coordinator & State Suicide Prevention Coordinator	\$180,000.000	\$157,045.41	\$22,954.59
	<b>Budgeted</b>	<b>Spent</b>	<b>(Over)/Under</b>
	\$9,906,859.28	\$9,838,487.36	\$ 68,371.92

Source: Kansas Department for Aging and Disability Services.

**Figure 10. Fiscal Year 2026 988 Fund Budget vs Actuals, as of November 2025**

Agency	Budget	Actuals (through November 2025)	Balance
Call Centers			
COMCARE of Sedgwick County	\$1,157,124.00	\$377,370.31	\$779,753.69
Johnson County Mental Health Center	\$1,741,149.00	\$559,002.98	\$1,182,146.02
Headquarters Kansas	\$3,250,000.00	\$827,136.76	\$2,422,863.24
Wyandot Behavioral Health Network	\$1,569,415.00	\$389,428.99	\$1,179,986.01
HealthSource Integrated Solutions	\$ 1,527,404.00	\$405,033.23	\$1,122,370.77
Facilitation			
Kansas Health Institute – Facilitation	\$40,180.00	\$5,627.50	\$34,552.50
Salaries			
State Suicide Prevention Coordinator & 988 Coordinator	\$180,000.00	\$57,611.05	\$122,388.95
<b>Totals</b>	<b>\$9,465,272.00</b>	<b>\$2,621,210.82</b>	<b>\$6,844,061.18</b>
Unallocated Funds	\$534,728.00		

Source: Kansas Department for Aging and Disability Services.

## Kansas 988 Coordinating Council Members

### VOTING MEMBERS APPOINTED BY THE GOVERNOR

Andrew Brown (Chair)	Deputy Secretary of Programs, Kansas Department for Aging and Disability Services (KDADS), Topeka	Representing KDADS
Colin Thomasset	Chief Executive Officer, Wheat State Healthcare, Topeka	Representing the Kansas Association of Community Mental Health Centers
Dr. Russell Klumpp	Assistant Chief, Topeka Police Department, Berryton	Representing the Kansas Association of Chiefs of Police
Kenneth Nelson	Associate Director for GIS and IT, Kansas Geological Survey at the University of Kansas, Lawrence	Representing information technology personnel from governmental units
Matt Fletcher (from August 2024 to July 2025)	Executive Director, InterHab, Topeka	Representing InterHab
Meghan Shreve (from September 2025)		
Molly Perkins	Case Manager, Johnson County Government Mental Health, Olathe	Recommended by the Kansas Commission for the Deaf and Hard of Hearing
Monica Kurz	Chief Administrative Officer, HealthSource Integrated Solutions, Topeka	Representing National Suicide Prevention Lifeline (NSPL) Centers located in counties with a population of greater than 75,001
Sheriff Gene Ward	Sheriff, 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

Not filled		Member of the House Committee on Appropriations
Not filled		Member of the Senate Committee on Ways and Means

### NON-VOTING MEMBERS APPOINTED BY THE GOVERNOR

James "Paul" Davis	Director of Emergency Services, Johnson County	Recommended by the Mid-America Regional Council and a resident of Kansas
Patrick Fucik	Director of State Government Affairs, T-Mobile, Overland Park	Representing large wireless providers
Zack Odell	Chief Executive Officer, 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

February 14, 2025

- No external presentations

April 11, 2025

- [Center Operations, Kansas 988 Centers](#)

June 10, 2025

- 988 and 911 Collaboration, Vibrant Emotional Health
- [The Road to 988/911 Interoperability, Pew Charitable Trust](#)
- 988 and 911 Collaboration, Kansas State 911 Board

August 12, 2025

- No external presentations

October 14, 2025

- No external presentations

### 988 Operations: Centers' Overview

HeadQuarters Kansas, Johnson County Mental Health Center, Wyandot BHN, COMCARE of Sedgwick County, HealthSource Integrated Solutions

**988** | SUICIDE & CRISIS  
LIFELINE

### The Road to 988/911 Interoperability

A report from Pew & RAND

June 10, 2025

Pew

## 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, January 2025–November 2025

	Jan. 2025	Feb. 2025	March 2025	April 2025	May 2025	June 2025	July 2025	Aug. 2025	Sept. 2025	Oct. 2025	Nov. 2025	CY25 Totals
<b>CALLS</b>												
Routed	2,751	2,487	2,870	2,965	2,845	3,021	3,302	3,454	3,648	3,796	3,530	34,669
Answered	2,431	2,082	2,569	2,694	2,596	2,774	3,028	3,090	3,270	3,474	3,146	31,154
Answer Rate	88.4%	83.7%	89.5%	90.9%	91.2%	92.0%	91.7%	89.5%	89.6%	91.5%	89.1%	90.0%
Abandoned	279	361	267	244	228	226	263	336	336	300	354	3,194
Abandon Rate	10.1%	14.5%	9.3%	8.2%	8.0%	7.0%	8.0%	9.7%	9.2%	7.9%	10.0%	9.0%
Flowout to National Backup	27	39	32	23	18	14	10	13	31	18	29	254
Flowout to Backup Rate	1.0%	1.6%	1.1%	0.8%	0.6%	0.0%	0.3%	0.4%	0.8%	0.5%	0.8%	1.0%
State ASA (sec)	25.8	27.2	24.3	23.0	23.3	22.8	23.7	24.9	26.8	27.8	30.2	25.0
Avg. Talk Time (min)	15.9	16.7	16.2	16.6	16.1	15.7	15.2	15.5	16.2	16.1	15.9	16.0
<b>CHATS</b>												
Routed	682	735	778	839	929	937	978	831	900	864	817	9,290
Answered	424	454	428	521	546	568	636	555	611	694	651	6,088
Answer Rate	62.2%	61.8%	55.0%	62.1%	58.8%	61.0%	65.0%	66.8%	67.9%	80.3%	79.7%	65.0%
Abandoned	0	0	0	35	39	32	33	0	0	0	0	139
Abandon Rate	0.0%	0.0%	0.0%	4.2%	4.2%	3.0%	3.4%	0.0%	0.0%	0.0%	0.0%	1.0%
Flowout to National Backup	258	281	350	283	344	337	309	276	289	170	166	3,063
Flowout to Backup Rate	37.8%	38.2%	45.0%	33.7%	37.0%	36.0%	31.6%	33.2%	32.1%	19.7%	20.3%	33.0%
State ASA (sec)	14.8	11.1	12.5	14.8	14.1	15.4	15.7	15.7	31.2	36.1	34.3	20.0
Avg Talk Time (min)	26.0	27.2	27.9	27.4	26.6	23.6	25.8	41.2	26.3	26.8	37.3	29.0
<b>TEXTS</b>												
Routed	967	865	1,000	1,006	1,223	1,202	1,234	1,121	1,357	1,379	1,445	12,799
Answered	586	541	552	619	758	785	815	705	766	896	938	7,961
Answer Rate	60.6%	62.5%	55.2%	61.5%	62.0%	65.0%	66.0%	62.9%	56.4%	65.0%	64.9%	62.0%
Abandoned	0	0	0	0	0	0	11	0	0	0	0	11
Abandon Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%
Flowout to National Backup	381	324	448	387	465	417	408	416	591	483	507	4,827
Flowout to Backup Rate	39.4%	37.5%	44.8%	38.5%	38.0%	35.0%	33.1%	37.1%	43.6%	35.0%	35.1%	38.0%
State ASA (sec)	13.1	13.2	13.9	12.9	13.4	14.5	13.2	13.0	37.8	34.0	39.0	20.0
Avg Talk Time (min)	44.1	42.8	44.8	45.1	42.5	46.9	50.2	50.6	48.4	44.9	48.3	46.0

## Mobile Crisis Response Models: Care Air Traffic Control (ATC) and Mobile Response and Stabilization Services (MRSS)

Kansas reviewed two models to strengthen its crisis response system: Care Air Traffic Control (ATC) and Mobile Response and Stabilization Services (MRSS). These approaches are complementary – ATC provides centralized coordination across the system, while MRSS delivers specialized, family-centered support for youth.

### Care “Air Traffic Control” (ATC)

ATC functions as a centralized hub, often within a 988 contact center, to coordinate crisis responses.

- **Core Functions:** Central triage, real-time tracking of mobile teams and stabilization beds, integration with 911 for warm transfers, and follow-up to community services
- **Benefits:** Faster response times, efficient deployment of teams, fewer unnecessary law enforcement/ER encounters, stronger data for accountability
- **Challenges:** Requires robust dispatch software, live registries, data-sharing agreements, and 24/7 staffing with statewide governance



## Mobile Response and Stabilization Services (MRSS)

MRSS is designed for children, youth, and families, combining rapid in-person response with several weeks of stabilization support.

- **Team Roles:** Clinician (assessment/safety plan), Peer Support (lived experience) and Care Coordinator (service linkage)
- **Service Approach:** Responds within one hour in most areas, de-escalates and plans for safety, then provides four to six weeks of follow-up through in-person and telehealth options
- **Benefits:** Developmentally appropriate care, reduced ER use, stronger school/community connections, improved family outcomes
- **Challenges:** Workforce shortages, especially in rural areas, and need for sustainable funding for extended stabilization

### Complementary Roles

ATC ensures system-wide coordination and efficient deployment of resources, while MRSS provides specialized, sustained care for youth and families. Together, they can strengthen Kansas’ crisis continuum by ensuring the right response at the right time.



## Resources

- Kansas Legislature. House Substitute for Senate Bill 19. [https://www.kslegislature.gov/li\\_2022/b2021\\_22/measures/sb19/](https://www.kslegislature.gov/li_2022/b2021_22/measures/sb19/)
- HeadQuarters Kansas. <https://hqkansas.org/>
- COMCARE of Sedgwick County. <https://www.sedgwickcounty.org/comcare/>
- Johnson County Crisis Line. <https://www.jocogov.org/departments/mental-health/our-services/emergency-services/988-suicide-and-crisis-lifeline>
- HealthSource Integrated Solutions. <https://healthsrc.org/>
- Kansas Department for Aging and Disability Services. 988 Suicide and Crisis Lifeline. <https://www.kdads.ks.gov/services-programs/behavioral-health/988-suicide-crisis-lifeline/>
- Substance Abuse and Mental Health Services Administration. 988 Key Messages. <https://www.samhsa.gov/find-help/988/key-messages>
- Vibrant Emotional Health. Vibrant and 988. <https://www.vibrant.org/>
- Wyandot Behavioral Health Network. <https://www.wyandotbhn.org/>
- Kansas 911 State Board. <https://kansas911.gov/>
- National Emergency Number Association (NENA). <https://www.nena.org/>
- NENA. Standard for 911/988 Interaction. [https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/NENA-STA-045.1-202Y\\_911-988\\_.pdf](https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/NENA-STA-045.1-202Y_911-988_.pdf)
- The Pew Charitable Trusts. <https://www.pew.org/en/>
- Wertheimer, J. (2024) How States Can Support Coordination Between 988 and 911 Systems. The Pew Charitable Trust. <https://www.pew.org/en/research-and-analysis/articles/2024/07/23/how-states-can-support-coordination-between-988-and-911-systems>
- National Alliance on Mental Illness (NAMI). Poll of Public Perspectives on 988 and Crisis Response (2025). <https://www.nami.org/support-education/publications-reports/survey-reports/poll-of-public-perspectives-on-988-crisis-response-2025/>
- NAMI. 988 Fee. <https://reimaginecrisis.org/wp-content/uploads/2025/07/July-2025-Fee-Chart.pdf>





Kansas Department for  
Aging and Disability Services