KS DCF Family Crisis Response Helpline Background and Functionality



Frances Breyne Avery, J.D. Program Director

Colorado

Since 2019

Serve as Crisis ASO in three regions (32 Counties) ensuring appropriate resource distribution, coverage, and compliance with state crisis services directives. Responsible for managing contracts for mobile crisis services, walk-in centers, crisis stabilization units and crisis respite.

Kansas

Effective 2021

Statewide hotline for youth, including mobile crisis dispatch. Contract management of mobile crisis teams and administration of funding partnership.

New Hampshire

Effective 2022

Statewide hotline for all ages, including mobile crisis dispatch. Air traffic control using a closed loop referral system to access and track services. Training of mobile crisis teams.



National Call Centers

National Backup Center for Text and Chats for 988 centers, crisis stabilization units and crisis respite since 2022

Our call centers answer more than 3 million calls each year nationwide.



History in Kansas

Kansas Department of Aging and Disability Services

Since 2007

Kansas Block Grant, Driving Under the Influence, Problem Gambling and State Opioid Response Funds

Kansas Sentencing Commission

Since 2018

Court-ordered treatment for repeat non-violent offenders



KS DCF Family Crisis Response Helpline

Network of Providers

KS Community Mental Health Centers

Community Mental Health Centers (CMHCs) are charged by statute with providing the community-based public mental health services safety net. In addition to providing the full range of outpatient clinical services, Kansas's 26 CMHCs provide comprehensive mental health rehabilitation services, such as psychosocial rehabilitation, community psychiatric support and treatment, peer support, case management and attendant care. Rehabilitation services have been proven to be key factors in supporting adults with severe and persistent mental illness (SPMI) and children/youth with Severe Emotional Disturbance (SED) in their recovery.



Program Elements

Operate toll-free state-wide crisis line a vailable 24 hours a day/7 days a week

Available to all Kansas residents 0-20yrs of age

Develop and manage a state-wide network of mobile crisis response providers

Triage in-coming calls and deploy a mobile response unit to the caller's location while adhering to the 60-minute response time for non-life-threatening emergent dispatch.

Development of plans within 72 hours and appropriate service referrals to CMHC or other resource or short term service coordination with other entities.

DCF reporting requirements



Crisis Line Event Outcomes

- Minimal wait time, less than three minutes, and no default to a voicemail option. 100% of callers should be able to connect to a qualified staff person.
- Helpline staff will triage calls and deploy a mobile response unit to deescalate and provide immediate crisis intervention services which can be offered for 72-hours from the time of initial call.



Mobile Crisis Unit

- After triage, the mobile response unit is anticipated to respond inperson to:
 - Non-life-threatening Emergency 1hr
 - Urgent Request 24hrs
 - Routine Request 72hrs
- Development of plans within 72 hours and appropriate service referrals to CMHC or other resource or short-term service coordination with other entities

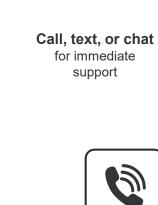


Targeted Program Outcomes

- 75% of individuals will not require another contact to the crisis hotline for 12 months after initial crisis call.
- 90% of children who receive MRSS will remain at home with a caregiver for 6 months after the date of initial MRSS contact.
- 90% of children who receive MRSS will not experience a need for entry into foster care out of home placement with custody of the Secretary of DCF 12 months after the date of initial MRSS contact.
- 90% of juveniles who receive MRSS will not experience a contact with Juvenile Intake and Assessment Services 6 months after the date of initial MRSS contact.
- 75% of Children with mobile response services will experience no re-admissions to Psychiatric Hospital within 30 days of discharge from the hospital
- 75% of children who receive MRSS will not experience a move to another placement provider within 90 days after the date of MRSS contact



Virtual Crisis Call Center Workflow



Active Engagement

for safety assessment, collaborative problem-solving, de-escalation, and referral

Tiered response based on acuity of need

Field Interventions

Focus on diversion, prevention. and re-integration

Follow-up



State-designated Clinically trained crisis specialists

Designated virtual call

Designated virtual call

center support CLS

virtual network

center support from state-trained CLS virtual

network





Referrals

For de-escalated calls, referral to clinical providers, community and peer resources, and SDoH support based on member needs



Mobile Crisis Response

If initial de-escalation is unsuccessful. completes community safety assessment to determine appropriate response level for mobile crisis (with or without active rescue)

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Mobile De-escalation

successful. Community behavioral health provider mobile team connects caller to intake clinician for appropriate referral.



Urgent/ Emergent

Coordinates access to a higher level of care.









Real-time dispatch monitoring and reporting



All care tracked to the caller for continuity

Automated Call Performance **Statistics**

Integrated care record for caller demographics, managing referrals, Medicaid eligibility, and follow-up

Some of our Experiences

- Beacon program staff member in Valley Falls
- Family Crisis staff member in Topeka
- Foster Parent
- 18-year-old member



Questions and Answers

- Is there a charge for the service?
- Who can call?
- What constitutes a crisis?
- Will a Mobile Crisis Unit be dispatched every time?
- What if there is a medical emergency or a risk of physical harm or other criminal activity?



Contact

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