Following are responses from questions the Task Force had of the COMCARE panelists during the 2-14-2022 meeting.

- What is the protocol for a foster family (or any family) who calls for a child in a mental health crisis? *Anyone who calls our 24/7 crisis line has an opportunity to talk with someone by phone to work towards resolving the crisis. If the crisis cannot be resolved by phone, crisis face-to-face services are available if youth and family are willing/able. If unable, mobile crisis can respond if the mobile crisis unit is available. It is important to note that COMCARE mobile crisis availability is dependent upon available staffing. If the youth is open to COMCARE services, they have access to supervisors and treatment team members during regular business hours.*

- What is the protocol for law enforcement who calls with a child with a mental health crisis? *Clinicians are available by phone and can talk to law enforcement or even the youth and/or family member. If needed, law enforcement can accompany the family to Crisis for a face-to-face assessment. One additional resource through South Patrol is that COMCARE has a clinician embedded as part of the community policing co-responder program. This is one clinician and has limited availability.*

- What agencies does COMCARE work with that intersects with foster families and foster children in need of mental health services. *Crisis will collaborate with any organization involved in the child’s care. If a higher level of care is pursued, Crisis requires a legal guardian to be involved, such as the foster care organization. Crisis can begin an assessment on any youth and then work to communicate with legal guardian and/or foster parent.*

- What are the different mobile crisis units and how are they deployed?
  - ICT1 *ICT1 has a computer as part of their standard equipment that allows them to see various 911 calls while ICT1 is actively on duty. 911 may dispatch ICT1 but more commonly ICT1 can see other dispatches in real time and they can self-dispatch if the call seems to be a fit for ICT1. Or another first responder recognizes need and requests ICT1.*
  - COMCARE *The request comes into COMCARE’s 24/7 crisis line and is put on the board for mobile team to screen and then respond as mobile staff are available. Requests can also come through someone within COMCARE who recognizes a need and then requests a mobile crisis response. Mobile crisis can also be scheduled and is not always on an urgent basis.*
  - DCF/State *These come through Beacon’s crisis line. Beacon will attempt to resolve the crisis by phone but if it cannot be resolved by phone, then Beacon will contact COMCARE’s crisis line to request mobile response. Those responses are to be done within 1 hour of request but are also contingent on staffing availability. This went into effect Oct 1, 2021.*
• For each of these, is there a data collection system that would show how often the units are dispatched, outcomes, etc.? Is this a need/recommendation that could be developed? ICT1 tracks all of their outcomes and publishes a report quarterly. COMCARE mobile crisis unit maintains data on number of dispatches and outcome of mobile response. Beacon maintains their own data and we are not certain what all that contains.

• We will refer to the Mental Health and Substance Abuse Coalition’s policy recommendations, but are there other recommendations you would like to see addressed? One additional recommendation would be to have this taskforce consider the work of the Mental Health Modernization and Reform Committee. This committee has statewide recommendations and has been actively working on these recommendation for several years.

More information about Youth Services at COMCARE can be found at https://www.sedgwickcounty.org/comcare/youth-mental-health/

Information about the Mental Health Modernization and Reform Committee can be found here: http://www.kslegresearch.org/KLRD-web/Committees/Committees-Spc-MH-Modernization_Resources.html