

FORMING SOLUTIONS TO SAVE LIVES.

MENTAL HEALTH & SUBSTANCE ABUSE COALITION

SIXTY-DAY UPDATE ON DOWNTOWN HOMELESSNESS & FUTURE SUPPORT OF THE COALITION

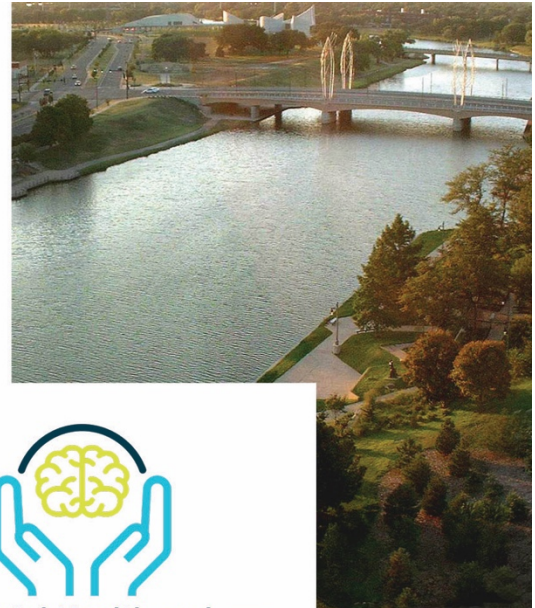
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Acknowledgements

The Public Policy and Management Center (PPMC) would like to thank the Mental Health and Substance Abuse Coalition Board Members, participants in the Downtown Homelessness Task Team, and Downtown Wichita who assisted with input into this report.

Disclaimer

This study was conducted by the PPMC at Wichita State University. The PPMC is an independent research body unaffiliated with City of Wichita, Sedgwick County, or any specific nonprofit involved with homelessness or behavior health services. This report was prepared by the research team and data collected from external sources. PPMC's findings are based on assumption of data accuracy received from internal and external sources. The content represents the findings, views, opinions, and conclusions of the research team alone. The report does not express the official or unofficial policy of Wichita State University.

Background

In 2018, the Mental Health and Substance Abuse (MHSA) Coalition was formed in Wichita/Sedgwick County out of a need in the community for organizations to discard their siloed approaches to combating these issues and work together to form upstream solutions in order to save lives, families, and finances, and create a more positive future for the community. The development of the plan included dozens of community organizations as well as open community summits. The MHSA Coalition includes partners from nonprofit organizations, private and public sectors, and citizens who are concerned and/or impacted by these issues. Our strategic plan was adopted in 2020.

Our Mission

*Develop a sustainable, accessible, and integrated system of care that serves people with mental health and substance abuse disorders **who are in crisis**, in order to efficiently and effectively deliver services that create positive outcomes.*

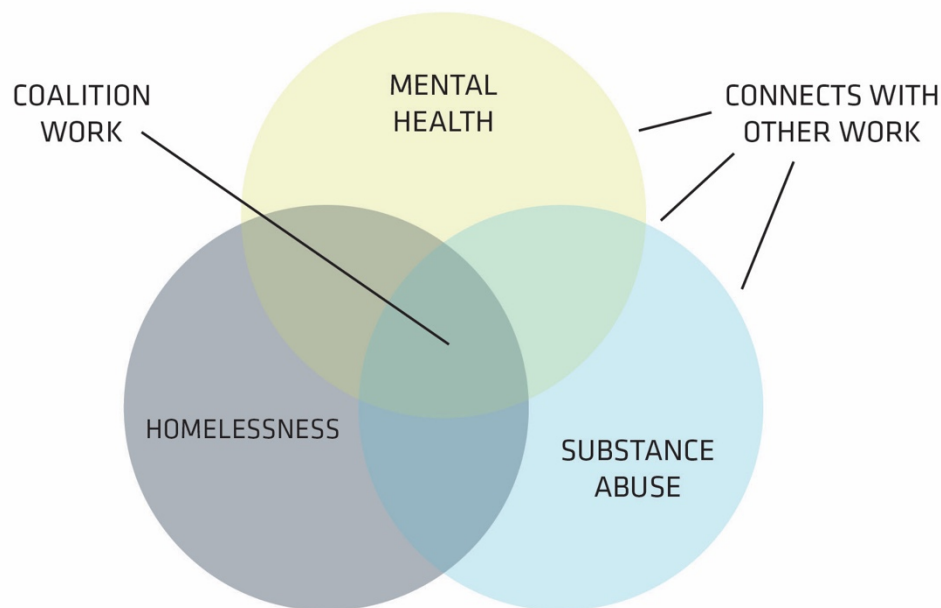
En Banc Meeting

On September 28, 2021, the Coalition was invited to participate in the City of Wichita and Sedgwick County En Banc meeting to give an update presentation on mental health and substance abuse challenges in the Wichita/Sedgwick County area and, specifically, the priorities and work of the Mental Health and Substance Abuse (MHSA) Coalition. At the meeting, the governing bodies asked the MHSA Coalition to report back in 60 days with three specific requests:

1. How the City of Wichita and Sedgwick County can specifically support the work of the MHSA Coalition
2. Identify options to address the downtown population of people experiencing homelessness
3. Provide direction on issues related to behavioral health (such as domestic violence, gun violence, or youth violence)

Intersection of Mental Health, Substance Abuse, and Homelessness

There is a connection between people in mental health crisis, substance abuse crisis, and transient populations. The Mental Health and Substance Abuse Coalition has recognized the connection, but also continues to reiterate that not all people experiencing substance abuse or mental health crises are also experiencing homelessness. Likewise, not all people that are experiencing homelessness have a mental health or substance abuse issue. From a 2010 study by the Substance Abuse and Mental Health Services Administration, 26.2 percent of all sheltered persons who were experiencing homelessness had a severe mental illness. In addition, 34.7 percent of all sheltered adults who were experiencing homelessness had chronic substance use issues. Beyond the shelters, about 30 percent of people who are chronically unhoused have mental health conditions and 50 percent have co-occurring substance use problems. Almost all recent research indicates an increase in substance abuse and mental health issues during the pandemic.

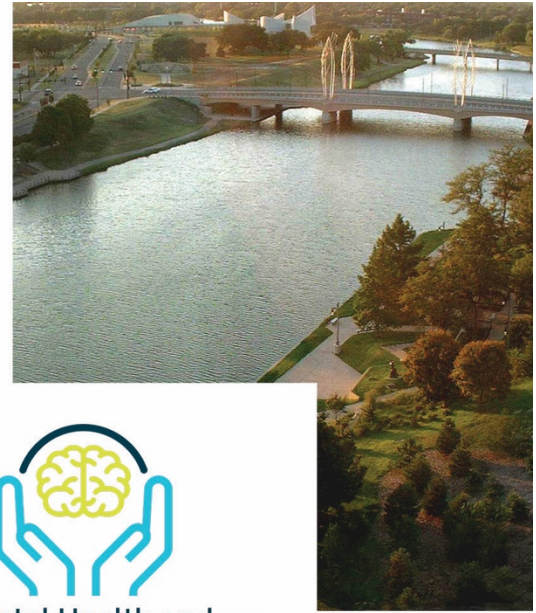


There is considerable work needed to address all aspects of the interconnected crisis in our community. This report provides an outline of recommendations for support for the MHSA Coalition and new efforts in addressing homelessness and supporting individuals affected by it.

Framework for Roles of the City and County

One of the challenges of addressing multifaceted social issues, such as homelessness, mental health, or substance abuse is determining a framework for roles and responsibilities. Sedgwick County has a leadership role in mental health and substance abuse through programming at COMCARE and the impact on EMS and the jail. The City of Wichita has a role with the impact on first responders. Similarly, both organizations support and are impacted by homelessness through services and enforcement. For our community to make progress, there is a need for both entities to be actively involved since this impacts their residents, their services, and the development of our community.

However, in order to define roles, especially leadership, an initial approach is for Sedgwick County to continue to lead on mental health and substance abuse and the City of Wichita to lead on homelessness issues. Both organizations will need to be actively engaged with other community stakeholders to make progress, including leadership, staff support, and financial support.



Mental Health and
Substance Abuse Coalition

Section 1: MHSA Coalition Support

There are several key components identified in the strategic plan of the MHSA Coalition, and over the past two years, priorities for the work have emerged. The following provides a summary of the strategic plan and opportunities for the City and the County to support the work divided into the following time frames:

- *Short-term (2022)*
- *Mid-range (2023)*
- *Future strategies (2024-2025)*

MHSA Strategic Plan

The MHSA Strategic Plan was adopted in 2020 and has three primary goals:

1. WORKFORCE

To have enough employees to meet demand in mental health, substance abuse, social work, and other behavioral health professions

2. COORDINATION, COMMUNICATION, & COLLABORATION

To create a system of care that relies on improved communication, coordination and collaboration among service providers

3. ACCESS TO CARE

To reduce barriers so patients can get the services they need when they need them.

The following strategic items are part of the original strategic plan or have been identified by the Coalition as important pieces for success in the next four years. The report identifies priorities for the following years and specific requests for the City and County.

Short-Term Strategy Priorities (2022)

1. WORKFORCE

The Wichita/Sedgwick County area is experiencing a workforce shortage in the areas of human services and public safety. Low wages, difficult and dangerous working conditions, and the heavy emotional tolls of these professions are staggering. Early retirements, low application rates, and turnover is a nation-wide problem. No other goals can be achieved without staff in these positions. While individual organizations have attempted to address this issue through pay increases and incentives, the staffing crisis is a community issue, which needs a community approach and commitment.

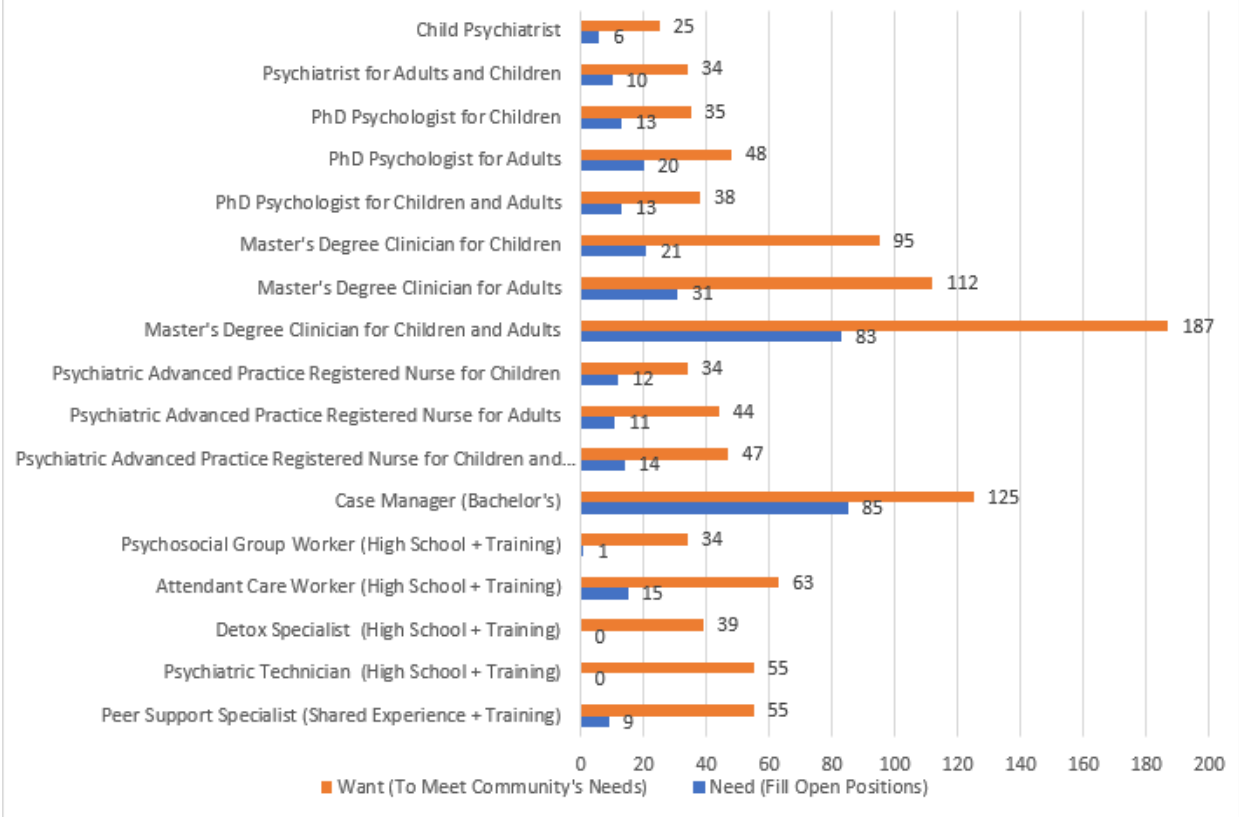
Following are the current vacancy rates for key areas:

Category	Organization	Shortage
Behavioral Health	Ascension Via Christi	30%
	COMCARE	36.5%
Public Safety	Sedgwick County EMS (Paramedics)	15%
	Sedgwick County Sheriff: Detention	23%

Behavioral Health for Sedgwick County Kids has been a key partner with the MHSA Coalition and took lead on the workforce issues. However, this group, individual organizations, and community partners need to develop a collective response. Similarly to what has been done to address the manufacturing workforce shortage in the past, strong community commitment is needed to address shortages in behavioral health and public safety.

In 2021, the Behavior Health for Sedgwick County Kids Coalition surveyed providers in the community to see what positions were unfilled within the organizations and then what providers would want to truly fill the needs in the community. There were 68 organizations (private, non-profit, and public) that responded from the Wichita/Sedgwick County area.

Mental and Behavioral Health Professionals Needed and Wanted



Primary Causes of Turnover

Better wages elsewhere	26%
Better benefits elsewhere	18%
Stress of the job	18%
The need is greater than what our organization can serve	14%
Too heavy of a caseload/having to complete work for unfilled positions	11%
We do not offer student loan repayment programs	5%

Request: Develop and implement a collective, innovative, and forceful initiative to address the significant staffing shortages.

Lead: Sedgwick County and City of Wichita, with the State of KS, Greater Wichita Partnership, Wichita Regional Chamber of Commerce, secondary and post-secondary education, medical providers, and others.

2. Coordination, Communication, & Collaboration

Note: The following are not provided in ranked order and are all important to make progress on mental health and substance abuse crisis in our community.

A. Sustaining Funds for the MHSA Coalition

The MHSA Coalition has worked to bring together those who can move the needle in a positive direction when it comes to mental health, substance abuse, and homelessness. To be able to continue this work, including the extensive coordination outlined in the plan, the annual cost to sustain the activities of the Coalition moving forward is \$150,000 a year. This includes funding for an executive director, leadership, facilitation, communication, data collection, and research. Other funding will be required in support of the database and other special projects.

In 2021, the Coalition has received funding from:

Funder	Purpose	Amount
Ascension Via Christi	Coalition activities	\$50,000
	Coalition activities (matching funds for other donations received)	\$150,000
Kansas Health Foundation	Database project	\$50,000

Request: To augment donations to fully fund the MHSA Coalition through its current agreement with the Public Policy and Management Center at WSU (2022-2024).

Lead: Sedgwick County & City of Wichita

Cost: \$100,000 over three years from each organization
(\$33,333 annually per organization)

B. Dashboard

The United Way of the Plains' 211 system provides an incredible resource for the community. The goal of the MHSA Coalition Dashboard is to help those in need, and specifically those seeking help for a person in crisis, so they are able to electronically access the best resources as quickly as possible. Currently, when doing a search on the 211 system for the following services, this is how many resources are found for Sedgwick County:

- Housing & Shelter: 60
- Mental Health & Addiction: 96
- Employment & Education: 76
- Family Support: 58
- Food: 89

Having a variety of options is beneficial, but when barriers to receiving services from specific providers exist, finding the right organization can be daunting. From conversations with professionals, funding and lack of medical insurance are the primary barriers to eligibility for services. In conversation with United Way, the Coalition has found that the 211 System is not designed to fulfill the need to narrow results; however, United Way will continue to be a partner in updating the information.

Request: Funding is needed to develop a website with a decision tree that would allow those seeking guidance and help to find the best provider for their situation as quickly as possible. In addition, screening tools for concerns such as suicidal behavior, depression, and other mental health concerns are available online and with funding can be developed into a one-stop site to support caregivers trying to navigate local resources.

Lead: MHSA Coalition to work with Sedgwick County and City of Wichita for possible support through ARPA.

Cost Estimate: \$50,000 to start; and \$10,000 annual update or maintenance.

C. IRIS

Sedgwick County funds the IRIS system which allows service providers the ability to refer individuals and families to other service providers and receive feedback on the success of that referral. This is not case management but it is an important resource to help providers successfully refer clients to other social services.

In the case of a successful referral, the provider knows the referred need is being addressed. If the referral is unsuccessful, the provider knows to readdress the issue to ensure the person is getting that need fulfilled. Currently, there are over 66 organizations utilizing IRIS in this area with an ongoing effort to recruit more. This is a valuable system that is gaining more and more traction within the community.

Request: Continue to fund and expand the IRIS system.

Lead: Sedgwick County

D. Annual Service Provider Information, Gap Analysis, and Integrated Data

With multifaceted complex issues such as mental health, substance abuse, and homelessness, there must be a system to address the issues; several independent stakeholders must function collectively to address a complex problem. Currently, the system in place does not often perform well.

Deliberate analysis of service gaps, integrated data analysis, comprehensive system overview, and feedback from those providing direct services is important. Our community has been successful in the past engaging in similar research and analysis projects such as the Catalyst Wichita Behavioral Health Community Needs Assessment (2019), the Policy Research Associate's Sequential Intercept Model Mapping Report (2020), and the Public Policy and Management Center Wichita State University High Utilizer Study (2018-19). Integrated data systems track services provided, impacts, outcomes, and other information that can guide placement in programs found to be most effective for an individual in need. They also aid in decision making and evaluating the best uses of funding by using the data to evaluate outcomes and impact. Using data allows for a

culture of evidence-based decision making, which leads to better investment of limited resources in order to improve outcomes and provide continuous quality improvement information. This in turn continues the cycle of better investment of limited resources. Continuous analysis of gaps, progress, and intervention impacts for the system is critical to make sustained progress.

Request: Complete an annual analysis with providers and system stakeholders to determine progress and opportunities for improvement. Resources should be identified to incentivize a systems approach to the work and address issues that create barriers to a systematic approach. Project development and financial support assistance will need to be determined.

Lead: MHSA Coalition & Homelessness Taskforce.

E. Fund Two Licensed Addiction Counselors with the Substance Abuse Center of Kansas (SACK)

The increased use of illegal narcotics, especially methamphetamine, in the Sedgwick County area has created an increased need in the number of addiction counselors. Due to the lack of staffing, there are longer wait times for treatment. Included in this number are inmates who are waiting to be released from the Sedgwick County Detention Facility into treatment. With lack of treatment, those suffering from substance use disorders continue to strain our system in a number of ways. By adding two licensed addiction counselors to SACK staff, it would allow for 16 more treatment beds in this community.

Request: Provide funding to hire an additional two licensed counselors for The Substance Abuse Center of Kansas.

Lead: Substance Abuse Center of Kansas

3. ACCESS TO CARE

A. Jail Re-Entry Specialists

Currently 35 percent of the inmates in the Sedgwick County Jail have a mental illness and over 70 percent have a substance use disorder. The jail is also understaffed and has been for several years. This lack of staffing has prohibited a robust re-entry program. There is a deep connection between homelessness and the criminal justice system because of the nature of transient populations.

"The Prison Policy Initiative found that people who have been incarcerated more than once are 13 times more likely than the general public to experience homelessness," and "people who have been incarcerated once are 7 times more likely." Those experiencing unsheltered homelessness were "9 times more likely than people in shelters to report having spent at least one night in jail in the past 6 months" according to the California Policy Lab. More than 50,000 people enter shelters directly from correctional facilities each year, according to the US Department of Housing and Urban Development.

Request: Hire a civilian case worker who would oversee the re-entry program and perform case management duties as well as enlisting other service providers who would provide services and develop post release plans including case management services, identification acquisition, housing, job training, anger management, AA/NA, parenting training, employment, etc.

Lead: Sedgwick County Sheriff with support from Sedgwick County and City of Wichita

B. Evaluate and Expand Co-Responder Model

The co-responder model has been an effective way to engage those in crisis in our community. In the 3rd quarter of 2021, co-responders in ICT-1 had 207 encounters, 172 of which were field responses. Of this, 63 percent of the time responders were able to resolve the situation with clients without needing to engage any other provider, which means reducing the impact on other resources such as emergency rooms, jails, or other crisis resources. Nationally variations of the co-responder model have increasingly become an evidence-based best practice and a resource for creative problem solving for

behavioral health issues. Due to staffing concerns and overall continuous improvement, the City of Wichita and Sedgwick County have an opportunity to evaluate and expand a co-responder model that can be implemented and effective in our community.

Request: Determine an effective way to expand the co-responder model

Lead: Wichita Police Department, Sedgwick County EMS, COMCARE

C. Legislative Agenda

The MHSA Coalition has developed a legislative agenda for 2022. (See Appendix A)

These eight policy requests support a critical upstream approach to addressing the needs in this community in the most proactive and cost-effective way.

Request: Sedgwick County and the City of Wichita support the legislative agenda.

D. Community Navigators in Mental Health and Substance Abuse

There are several social service providers in the Wichita/Sedgwick County area that connect to mental health, substance abuse and homelessness services. Though it is good to have options, it is often difficult to determine the best provider or course of action using the current system, especially if a person is in crisis. Case workers and United Way's 211 system are helpful, but navigating the system remains a challenge due to the large number of options available and the limited number of people who are familiar with the majority of options. Community Navigators are people that help those in crisis and caregivers navigate the system. Community Navigators are a best practice and identified as a top recommendation in the Sequential Intercept Model report. The term "community navigators" has long been used in the healthcare world to have nonmedical people provide guidance and support to clients. Recently, Sedgwick County approved funding through the American Recovery Plan for a "community navigators" program to help connect resources for individuals, nonprofits and small businesses disproportionately impacted by COVID connect to resources through the Sedgwick County Recovery Connect effort. The concept of "community navigators" is to connect those in need to

needed resources. In this case, the community navigators would assist those in need find the best resources for mental health, substance use disorders, homelessness, etc.

Request: Fund community navigator positions to help provide personal guidance for those in need. These navigators should be familiar with a variety of service providers in the Wichita/Sedgwick County area and provide guidance for those seeking help by getting them to the best provider as quickly as possible. A pilot effort should be tested and then expanded as evaluated.

Lead: Sedgwick County

E. Social Service Hub

Developing an area where service providers can come together in one place to provide services for those in need is a best practice used across the nation. The most well-known campus model is the Haven for Hope/Restoration Center in San Antonio. Other similar models have been developed in different cities, and communities are experiencing positive impacts. Giving providers the ability to walk someone down a hallway or across the street to get assistance from another provider is safer and more effective than asking that person in need—or worse, in crisis—to walk even a few blocks away to get help. The idea of having a “warm handoff” between providers is a best practice. The physical location has been part of the MHSA Coalition Strategic Plan recognizing the value of a centralized social service hub with multiple services and co-location of providers. Frontline workers in public safety and behavioral health identified this need from the onset of our collaborative work.

Creating a social service hub/campus to provide services for mental health, substance abuse and homelessness services is a best practice used in many cities. Urban social research, history, and lessons learned from other communities demonstrate that people experiencing homelessness concentrate in downtown areas for several reasons. These reasons include:

1. Location of social services and nonprofits that provide primary basic services to vulnerable populations, such as: shelter, clothing, and food
2. Access to public spaces, green space and gathering places
3. Access to public transportation centralized in downtown
4. Location of bus stations, such as Greyhound Bus system
5. Location of legal systems, courts, public defender
6. Location of public safety institutions such as jails, day-reporting center, police departments
7. Access to medical care through hospitals, emergency rooms and clinics
8. Concentration of other public or open institutions, where people seek services, such as city hall, county courthouse, and churches

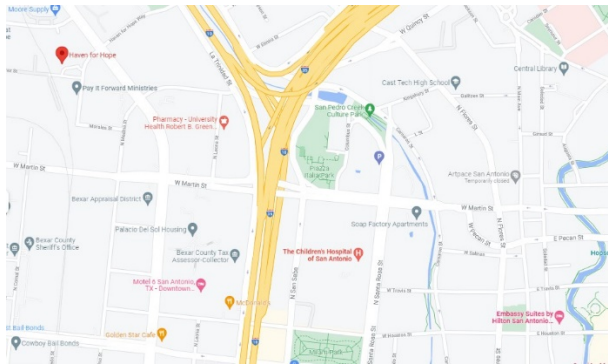
Transient populations are found in downtowns of all major cities because of basic urban development. Unless the entire downtown is relocated there will still be transient populations in the core area.

Social Service Hub (Campus) Examples

Located centrally in San Antonio, TX, Haven for Hope is conveniently near many other services that the homeless are likely to use and frequent. Some of these include the Greyhound bus station, the Public Library, and public parks. The Greyhound station is about a 20-minute walk from the campus and there are a handful of public parks within walking distance.

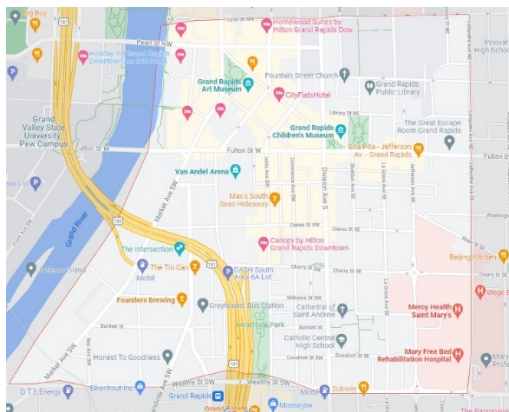
Other important services located nearby include the County Sheriff's Office, detention centers, and courthouses. Haven for Hope is about an eight-minute walk or five-minute ride via public transport to the nearest hospital. It is an 11-minute walk and five-minute drive from the Sheriff's Office and detention centers.

Haven for Hope, San Antonio, TX



The Haven for Hope campus, indicated by the red pin in the upper left-hand corner of the map, is located near the County Sheriff's Office, the detention center, multiple hospitals/health facilities, the public library, all of the major courthouses, the Greyhound bus station, and multiple public parks.

Heartside in Grand Rapids, MI



The light grey region outlined in red is the downtown neighborhood known as Heartside. The red stars represent many, but not all, of the social service providers in the area. Other services and buildings in the region include the Greyhound bus station, the public library, many courthouses, a hospital/healthcare campus, four parks, and a jail.

Other Examples of Social Service Hubs/Campus

Oklahoma City operates the Homeless Alliance that includes WestTown, a co-located collaborative partnership with 42 total agencies and 164 programs. In 2021, CityCare opened a low-barrier shelter about a mile away, but centrally located with transportation support. Denver, Colorado through the Mental Health Center of Denver, under contract to the Denver Department of Public Health & Environment, opened the Behavioral Health Solutions Center – a 28,741-square-foot facility centrally located about one mile from the core of the city. The Center has a stabilization clinic, transitional shelter, intake and assessment center, referral center and on-site case management.

Key Components

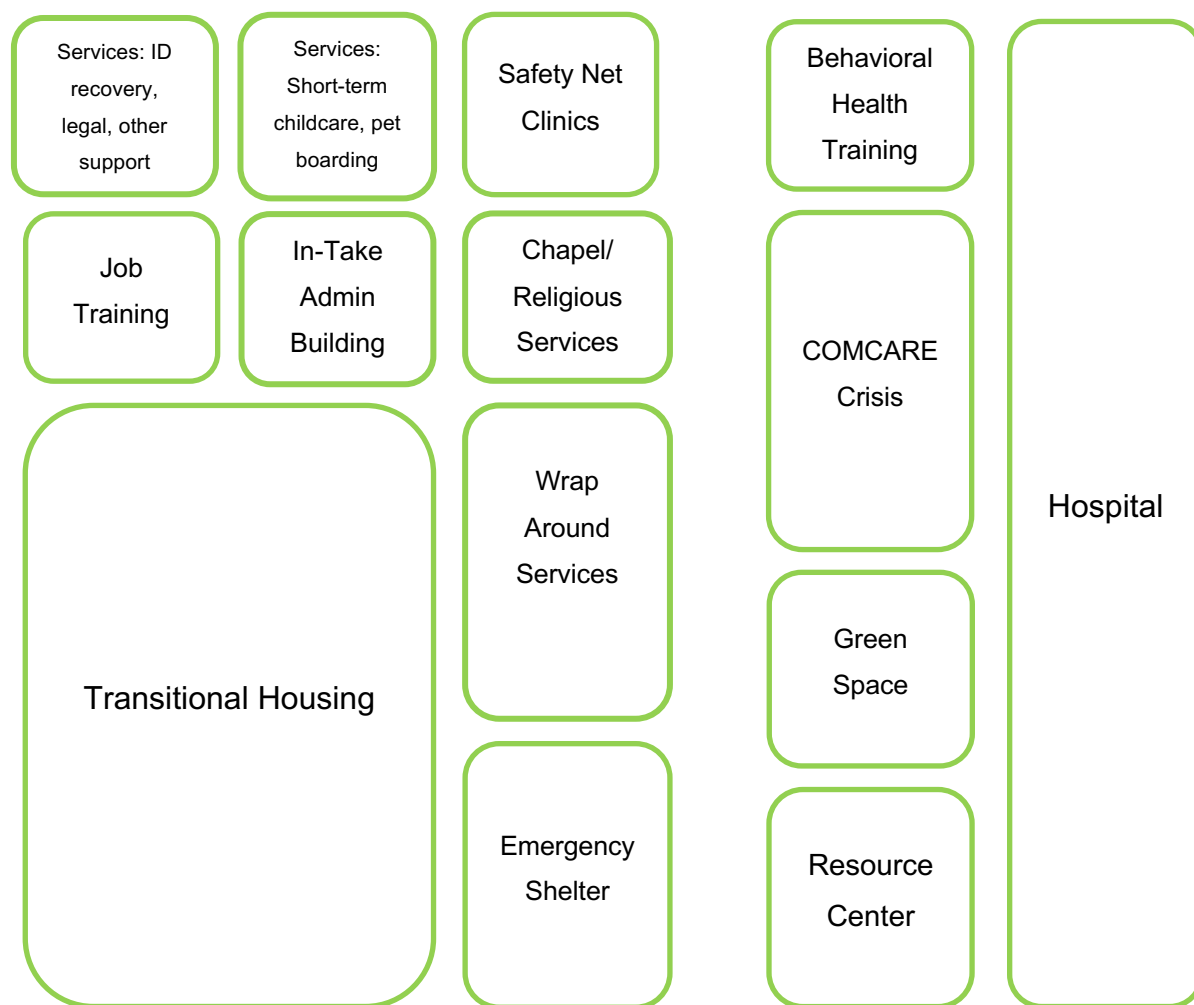
There are many key components to creating a social service hub. Sedgwick County COMCARE Crisis Center is an anchor to this effort, including the Substance Abuse Center of Kansas (SACK). The current crisis center has limited space and a new location housing both crisis and detox (SACK services) is planned. A common intake center is important where needs can be assessed and appropriate next step of care determined. Emergency shelter is another critical component to assist those experiencing homelessness. Finally, a resource center to help provide holistic support and nearby direct services are critical to create a pathway to stop the cycle of crisis intervention. The following information charts on pages 21-23 provide examples of the types of services to be accessed in single location.

Social Service Hub Example References

Lee, B. A., & Farrell, C. R. (2004). Metropolitan neighborhoods with sheltered homeless populations: Evidence from the 1990 and 2000 Censuses. Brookings Institution.

Reese, E., Deverteuil, G., & Thach, L. (2010). 'Weak-center' gentrification and the contradictions of containment: deconcentrating poverty in Downtown Los Angeles. International Journal of Urban and Regional Research, 34(2), 310-327.

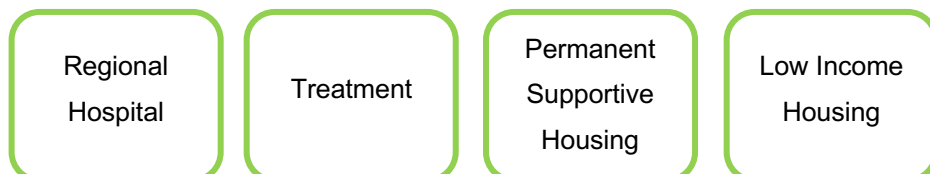
Conceptual Elements of a Wichita Social Service Hub/Campus



Other Agencies and Providers Needed in the Vicinity of the Service Hub



Off-Site



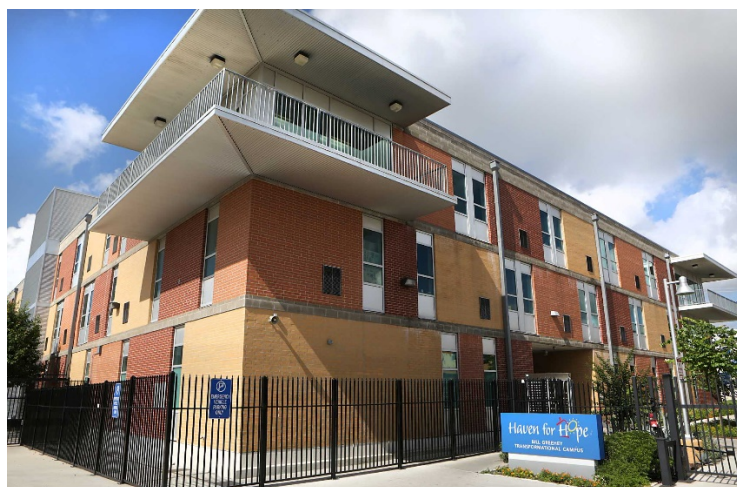
COMCARE Crisis



Potential Rendering of Future COMCARE Crisis Center

Addiction Treatment	Behavioral Health
Medical Detox	Crisis Stabilization Unit
Social Detox	Morris Place
Outpatient Care	Crisis Observation Unit
Intensive Day Treatment	Emergency Services
Group Treatment	
Med Therapy	
Assessments	
12 Step Programs	

Service Hub

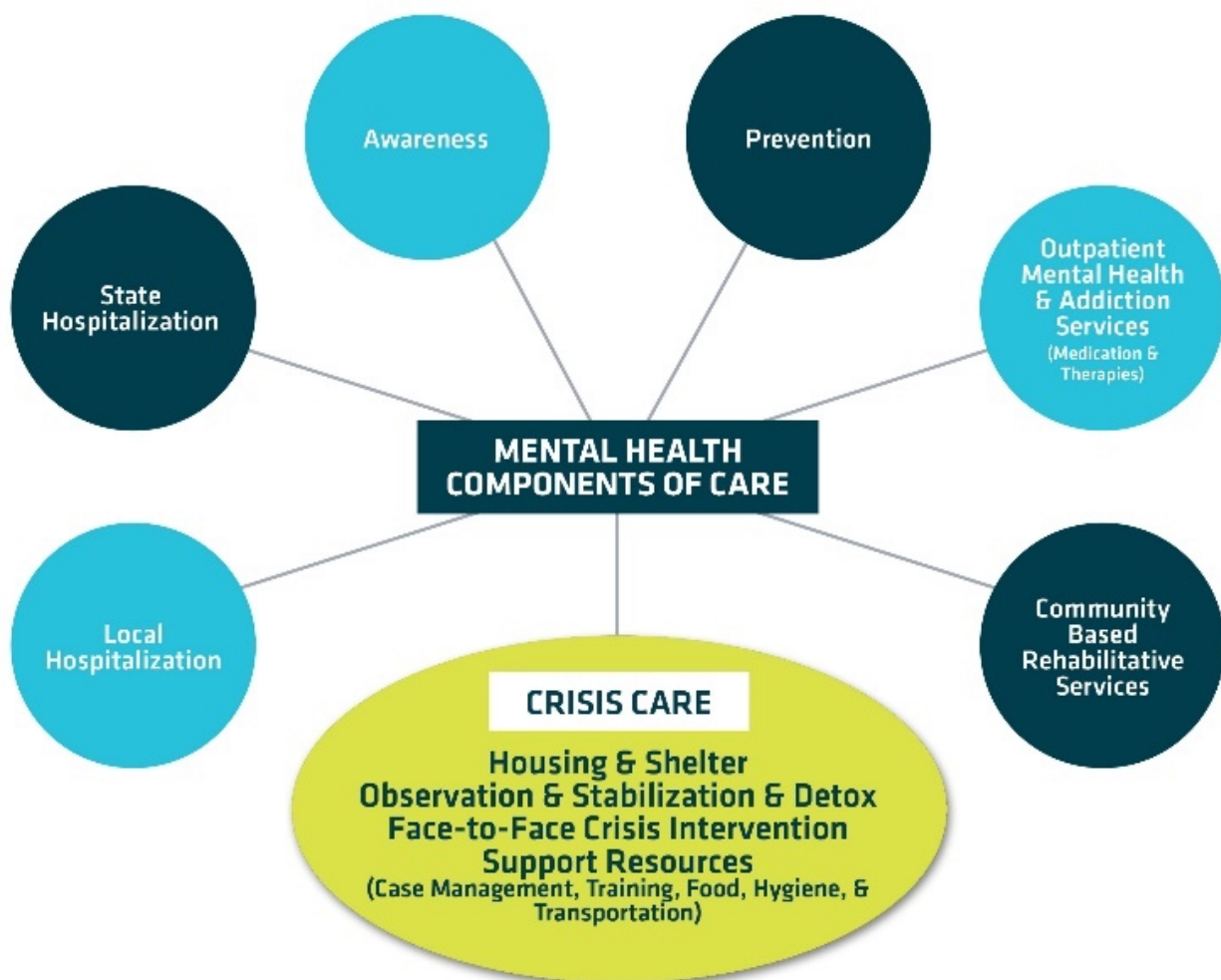


Haven for Hope – San Antonio, TX

Housing	Physical Health	Vocational
Leasing office	Medical	Resume training
Emergency shelter	Dental	Interview training
Transitional housing	Vision	Vocational training
Stabilization housing	Medication/Pharmacy	Computer training
Pet kennels	Vaccinations	Literacy training
	Lab	Language education
		GED

Resources		
Various service providers *hours as needed	Tax help	Transportation
Case management	Insurance and benefit guidance	Hygiene - showers
Community navigators	Legal services	Laundry services
Prevention services	Childcare	Mail room
Parenting classes	Chapel	Furniture
Life-skills training	Identification acquisition	Household goods
Financial counseling	Translation services	Clothing
Payee program	Drinking water/ electricity	Food pantry

While the MHSA mission has always been crisis there are numerous aspects of mental health and substance abuse beyond crisis. (See *Chart 1 below.*) There are additional services identified, which are also needed to help with the mental health and substance abuse community impact, which may be located elsewhere in the community and also need community leadership to ensure they happen. The same is true for homelessness. The work of the MHSA Coalition is only to assist with the “crisis” component of homeless, such emergency shelter. Other resources are absolutely needed to address other aspects of behavioral health and homelessness and would occur throughout the community. Information on page 25 are examples of other services that could be located throughout the community.



Off Site



The Homeless Alliance - Oklahoma City, OK

Regional Hospital	Treatment & Supportive Services
25 Involuntary Beds	Group Treatment
10 Competency Beds	Supportive Services
15 Restoration Beds	



Behavioral Health Solutions Center – Denver, CO

Housing
Permanent Housing with Supportive Services
Low Income Housing

Health Sciences Education Center

In addition, Wichita State University, WSU Tech, and the University of Kansas are exploring plans to build a more than 400,000-square-foot, \$200 million shared health sciences education center. The MHSA Coalition will be collaborating with this effort to leverage resources and create opportunities to best serve vulnerable populations. Among other benefits, the health sciences education center will fuel the talent pipeline to help meet community and employer needs. An estimated 3,000 students and 200 faculty and staff will be housed initially at the center to prioritize health care education, including mental health.

Request: Work with local nonprofits, residents, community partners and the business community to develop a master plan to accomplish the following:

1. **Social Service Hub:** Develop a social service hub concept that reflects best practices for success, including convenient to current service providers in the central corridor.
2. **COMCARE Crisis Center:** The Crisis Center is an anchor for the social service hub and would allow for behavioral and addiction treatment, follow-up care, and warm handoffs with other providers. The County has site selection in the 2022 CIP.
3. **Resource Center:** Determine needs in a resource center that allows individuals to work with several providers in the same building for wrap around services. The Center would also allow COMCARE and other providers housed nearby to walk clients to connect with other service providers. Services may include a medical clinic, ID recovery, pharmacy, transportation, translation services, and other services.
4. **Direct Services:** Determine specific services needed as part of the social service hub, such as childcare, workforce training, shelter, and others.
5. **Environment:** Identify surrounding environmental issues such as proximity to other community assets, business development, residential areas, and a safe and healthy atmosphere for those seeking services.

6. **Health Sciences Education Center:** Collaborate with Wichita State University, WSU Tech, and University of Kansas to leverage resources and amplify the opportunities to create workforce and meet community needs.
7. **Community Engagement:** Engage stakeholders on the location and development for the services, which includes providers, core area businesses, people with lived experience, core area residents, local government, medical community, higher education, and others.

Lead: MHSA Coalition has a subcommittee which should be expanded to include additional stakeholders from service providers and downtown businesses.

Mid-Range Strategy Priorities (2023)

1. Access to Care

A. Database

The Coalition is currently working to become a part of the MyResource Connection database that was developed in Johnson County. This communitywide database will allow service providers to share limited information with each other about clients so that there is an understanding of who has or is currently working with an individual. This will help provide continuity of care for people in need within the community and avoid repetitive work. Sharing information will allow for a better understanding of all the needs of each individual person and reduce duplication of services. Providers in mental health, substance abuse, health services, law enforcement, corrections, and other social services currently use multiple databases and different platforms to collect and retain user information. The information from individual organizations cannot currently be shared among providers. Having a shared database platform will help all providers understand client service history and provide a strong opportunity for continuity of care.

Request: The Coalition has received funding for implementation and operational expenses for the database's first year. Moving forward, we would ask the city and county pay for the ongoing operating expenses so that the database could be a no-cost resource for service providers in the area.

Lead: City of Wichita, Sedgwick County

Cost: \$20,000/year (\$10,000 each/year 2023 and beyond)

B. More Residential Inpatient Addiction Beds

According to District Attorney Marc Bennett, in the past several years, approximately 20% of all criminal cases charged include a charge for possession of methamphetamine. Another 20% of criminal cases charged are motivated in some way by the use of methamphetamines. These include murder, robbery, burglaries, larcenies, and others. Providing opportunities for treatment for this ongoing and ever-increasing problem is essential and will alleviate some of the strain on the medical, emergency, and public safety system.

In this community, those seeking residential inpatient addiction treatment and who are uninsured or underinsured can face extended wait times due to the lack of treatment beds. According to SACK Executive Director Harold Casey, wait times for women are only a few days, but can be upwards of four to six weeks for men. As a result, those who have made the decision to get help have to wait with little or no support until the time a bed is available. Often when a treatment bed does open, people are often no longer motivated to obtain the help needed. Having beds available at the exact moment a person makes the decision to seek help and become clean and/or sober is essential for their success.

The extended wait time also has a significant impact on the inmate population at the Sedgwick County Detention Facility. Inmates that have been court ordered to complete inpatient addiction treatment are also waiting on this same bed space for residential inpatient treatment. With the extended wait time, the incarceration timeframe has also been extended, adding to the overcrowding within the jail.

Request: Work to find a collaborative effort to address the need for residential inpatient addiction beds.

Lead: Substance Abuse Center of Kansas as well as Sedgwick County, City of Wichita, and other nonprofits.

C. Transportation

Currently, the MHSA Coalition is conducting a pilot project to determine a cost-effective solution to transportation barriers for clients. Public transportation is needed for individuals in various parts of our community in order to receive services. While most of the locations are within the core of the city, some are outside of that area. People who currently use public transportation tend to have extended travel times, which affects their ability to receive timely care.

Request: Review results of pilot project and determine appropriate next steps and financial need.

Lead: MHSA Coalition with potential request to the City of Wichita

Long-Range Strategy Priorities (2024-2025)

A. Medical Detox

Currently, the only option for medical detox in this community is within a hospital setting. This cost is exponentially higher than it would be at a program specifically designed for medical detox.

Request: Fund the medical detox portion in the new COMCARE Crisis Center.

Lead: While the State of Kansas should be the lead, local governments, nonprofits, and businesses will need to collectively agree and make this a priority to see long-term impact.

Cost: \$900,000/year

B. In-Custody Drug Treatment Program

The main option for people with low level drug crimes is incarceration. There is an opportunity for other options to include addiction treatment. Sentencing laws and facilities would need to be changed to accommodate this idea. However, allowing a judge to sentence someone to jail/prison with the opportunity for drug treatment would save treatment bed space in the community and work to reform the individual while in custody.

Request: Develop an in-custody drug treatment program.

Lead: Sedgwick County Community Corrections

Request: Change state laws to allow this type of sentencing to occur and create space to accommodate those sentenced to the program.

Lead: Sedgwick County

C. Regional Hospital

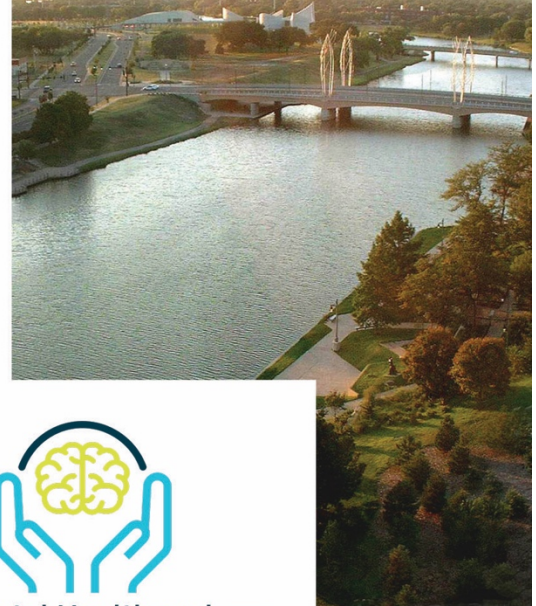
Included in the MHSA Coalition's legislative agenda is a request for the state of Kansas to build a 50-bed regional hospital. Bed count would include:

- 25 Involuntary beds
- 10 Competency beds
- 15 Restoration beds

However, even if planning started today, the reality of accomplishing this goal is a few years away. Until that time, we are requesting the expanded use of state mobile units to alleviate the backlog in this area. An additional solution includes housing state employee(s) in Wichita who could complete competency evaluations for this area.

Request: Strongly encourage the state to pursue a regional hospital in this area.

Lead: While the State of Kansas should be the lead, local governments, nonprofits, and businesses will need to collectively agree and make this a priority to see long-term impact.



Section 2. Downtown Homelessness Taskforce

Background

The following is the work of the 60-Day Taskforce on Downtown Homelessness as requested at the En Banc meeting, which includes problem identification, geographical area, clarification on the population, and recommended next steps. In 60 days, organizations came together to develop a roadmap to address the issue of downtown homelessness. The following is a blueprint for a long-term approach with some immediate recommendations. The overriding direction was an ongoing commitment to fully develop and implement the plan in coordination with existing efforts.

Individuals with mental health issues associated with homelessness are part of the MHSA Coalition overall strategic plan which includes addressing needs such as a resource campus, coordinated care, data sharing, policy changes and other strategies previously mentioned. While we will not repeat each specific request, it is critical that they are considered part of the overall effort and so the recommendation is to support the MHSA Coalition strategic work plan as just outlined.

Meetings

The Coalition hosted three meetings with a variety of providers who worked to define the key issues and develop solutions. Participants included representatives from the following organizations:

United Way	Wichita Police	City of Wichita Housing
Sedgwick County	Union Rescue Mission	Mental Health Association
Salvation Army	Humankind	United Methodist Open Door
Downtown Wichita	MHSA Coalition	

In addition, the 60-Day Task Force developed specific recommendations to address other populations associated with homelessness. Some individuals need housing, while other people associated as part of the transient population (as identified previously) require other interventions.

Problem Identification

The taskforce developed the following program statement to guide the work:

The downtown transient population showcases behavior associated with nuisance behaviors, violence, and predatory activities that lead to crime. These issues lead to negative community perception, safety concerns, and economic impact to downtown residents, organizations, and businesses.

Defined Area

The taskforce defined the downtown area broadly, to include:

From 13th St. south to Kellogg and the Arkansas River east to Washington St.

Categories of Transient Population

The taskforce had considerable conversation to help clearly define who is included in the transient population. The term “homeless” is often used to describe people walking on the streets in a core area, but that term is not accurate to many. The following groups of people were defined as part of the transient population:

- **Associates:** Individuals who are housed but maintain relationships with the unhoused population as a social group. This also may include those who are perceived to be unhoused that are not committing crimes but display odd or potentially disturbing behaviors.
- **Individuals Experiencing Homelessness Not Ready for Services:** Individuals who are unwilling or able to receive services due to mental health concerns, substance use disorders, trauma, or other reasons. These individuals will refuse offers of assistance for various reasons.
- **Individuals Experiencing Homelessness with Behavioral Health Concerns (Endanger):** Unhoused individuals who exhibit behaviors that endanger others or property. Associated behaviors are often violent acts directed at people or significant destruction of property.
- **Individuals Experiencing Homelessness with Behavioral Health Concerns (Nuisance):** Unhoused individuals who exhibit behavior that leads to public nuisance activity, such as loitering, public defecation/urination, excessive littering, and other community concerns.
- **Panhandlers:** Individuals who may or may not be experiencing homelessness who ask people for money or food.
- **Predators:** Those who are not experiencing homelessness, but who are preying on unhoused individuals.

Current Community Activities in Homelessness Services

Local providers have been assisting people experiencing homelessness for decades. These providers are the first to identify the consistent challenges, barriers, and opportunities to provide compassionate, effective, best-practice support for their clients. Those participating in the 60-Day Task Force were invaluable in sharing changes in behavior, demographics, and challenges in the current environment. Following is a summary of the current funding and services of the larger providers in shelters:

Stakeholder Services and Funding

There are several organizations that provide shelter services or direct services to individuals experiencing homelessness. The following information provides an overview of shelter bed space and financial information for service providers:

Stakeholder Services and Funding

Organizations		Bed Capacity	Funding		Primary Funding Source	Main Programs
Catholic Charities*		92	Revenue	\$ 15,810,835.00	1. Contributions (\$9,214,461)	Harbor House, Family Shelter, Adult Day Services, Our Daily Bread, Counseling
	St. Anthony family Shelter	52	Expenses	\$ 1,416,744.00	2. Public Grants (\$2,656,346)	
	Harbor House	40	Expenses	\$ 2,289,623.00	3. Diocesan Subsidy (\$710,600)	
Family Promise of Greater Wichita			Revenue (total)	\$ 395,717.00	1. Personal and Corporate Contributions (\$395,717)	Food, Shelter, Day House, Case Management, Employment, Homeless Prevention, Stabilization
	Overnight Lodging & Day House	14	Expenses (total)	\$ 249,335.00		
HumanKind Ministries		380	Revenue (total)	\$ 1,536,962.00	1. Continuum of Care (Federal Funding) HUD \$233,275	Emergency Housing, Transitional Housing, Long-Term Housing
	Inn	60			2. United Way Allocation – United Way Funds \$64,195	
	Emergency Winter Shelters	165			3. City or County (Local government) \$22,819	
	Villa (Central, North, South)	155	Expenses	\$ 580,170.00		
Mental Health Association of SCK		28	Revenue (Homeless Services)	\$ 1,536,962.00	1. Federal Contracts	Residential Care, Emergency Housing, Case Management and Support Services
	Emporia House	28	Expenses (Homeless Services)	\$ 580,170.00	2. Medicaid Income	
United Methodist Open Door			Revenue (total)	\$ 4,125,592.00	1. United Way (\$110,000) + EFSP (\$54,055)	Day Shelter, Showers, Mail Collection, Lunches, Minor Medical Care, Laundry Services, Clothes Closet
	Homeless Resource Center	X	Expenses (homeless services only)	\$ 706,561.00	2. City/County (\$38,156)	
					3. Contributions (\$146,594)	
Union Rescue Mission		215	Revenue	\$ 3,158,428.00	1. Donor Mailings	Meals, Shelter, Rehabilitation Services, Family Support, Commodity Boxes
	Mission and Transitional housing	215	Expenses		2. Church Contributions	
Wichita Children's home		15	Revenue (homeless services)	\$ 180,476.00	1. Contributions	Safe Shelter, Basic Needs, Stabilization and Intensive Case Management for Youth (ages 18 to 24)
	CrossRoads	15	Expenses (homeless services)	\$ 522,927.00	2. Public Grants	
Wichita Family Crisis Center*		22	Revenue	\$ 1,861,030.00	1. Contributions	Shelter, Outreach Services, Education, Prevention, Children's Programming, Court Advocacy, Medical Advocacy
	Formerly YWCA Women's Safe House	22	Expenses		2. Public Grants	

Organizations marked with an asterisk (*) were contacted multiple times and did not update their information as of 2.2.2022.

HOME-ARPA Funds

The City of Wichita has been awarded \$5.5 million that can be used for four eligible activities as part of the America Rescue Plan Act (ARPA):

1. Production or Preservation of Affordable Housing for people experiencing homelessness
2. Tenant-Based Rental Assistance (TBRA) for people experiencing homelessness
3. Supportive Services, Homelessness Prevention Services, and Housing Counseling for people experiencing homelessness
4. Purchase and Development of Non-Congregate Shelter

Project HOPE

The City of Wichita was awarded a \$1 million grant from the Department of Justice to deploy intervention strategies to reduce homelessness in the target area. The target area is currently Murdock to Kellogg and Waco to Washington, but the boundaries may be adjusted to 10th to Kellogg and Waco to St. Francis. The grant application proposed: hiring three caseworkers to work alongside the Homeless Outreach Team, surveys (residents, businesses, providers, & unhoused individuals), employment training and wage stipends, and community events.

Summary

While there are other sources and programs that impact homelessness services, these represent the larger current efforts in our community and provide an overview of the current work.

Recommendations

The following recommendations from the 60-Day Task Force divide the recommendations by population groups.

People Experiencing Homelessness

Development of a Homelessness Task Force

Develop a task force of local government leaders in human services and public safety, business leaders, executive directors, and board members from area nonprofit organizations to address this issue for the long term. This task force would work in concert with the MHSA Coalition to develop long-term, evidence-based homelessness programs. The 60-Day Task Force brought together key players, engaged stakeholders, and sparked the need for a long-term commitment with other representatives to move the work forward. The 60-Day Task Force provided several short-term recommendations.

The taskforce should be compromised of providers, core area businesses, people with lived experience, core area residents, Downtown Wichita, public safety, Wichita Regional Chamber of Commerce, local government, and other stakeholders. Engaging diverse perspectives in this process will be important to have an effective community solution.

Request: Develop a Homelessness Task Force that will act in concert with the MHSA Coalition to pursue short and long-term solutions to help mitigate homelessness in Wichita/Sedgwick County.

Lead: City of Wichita to hire a third-party facilitator to support the taskforce and work with Sedgwick County, MHSA Coalition, Downtown Wichita, Wichita Regional Chamber of Commerce Services, and major service providers addressing homelessness.

Subcommittee for Leadership of Shelter Providers

Providing services to those who are unhoused or are housing insecure must be a coordinated and collaborative effort in this community specific to service delivery. While the United Way Continuum of Care hosts regular meetings to address specific people, the work is at the service delivery level. Strategic coordination needs to exist among leadership of organizations including Union Rescue Mission, United Methodist Open Door, HumanKind, and others. The members of the taskforce recognized there were many opportunities to improve coordination leading to increased collaboration.

Request: Conduct monthly meetings with board members and directors of the major shelters in Wichita/Sedgwick County.

Lead: Homelessness Task Force

Implement Evidence-Based Homelessness Programs

There are several national programs that have been developed to address homelessness. Community Solutions' Built for Zero is a national program where 14 communities have been successful in "functionally ending homelessness for a population" (*Community Solutions website*). There are dozens of other communities working with this initiative and there are other evidenced-based efforts for consideration. The concept is a strategic, relentless approach to identify those wanting to be housed and get them into housing as quickly as possible.

Request: Examine other homelessness programs and determine what could be implemented in whole or in part in Wichita/Sedgwick County by May 2022 for consideration in the 2023 local government budgets.

Lead: Homelessness Task Force

Coordinate with the MHSA Coalition and Implement MHSA Coalition Strategic Plan

Significant work has occurred to assist people with mental health and substance abuse crises that can lead to homelessness, especially for those in most need of services (high utilizers). The 60-Day Task Force recommends continued support of the MHSA Coalition

and coordination with the effort to implement the existing MHSA Strategic Plan. Representatives for both efforts should collaborate due to similar service needs for homelessness, mental health concerns, and substance abuse.

Provide Sustainable Resources

Two areas were identified as needing additional flexible, sustainable funding for current and emerging needs were: Emergency Shelter Funding and Low Barrier Housing Options. A taskforce made a similar recommendation ten years ago, but additional funding was not received. The need for sustainable emergency shelter funding and low barrier housing options still exists. The appropriate solutions must be continuously funded, including but not limited to a common intake center and centralized case management. While the long-term solution is in a centralized social service hub/campus, there can be immediate steps for improved coordination and collaboration. These efforts will need financial support from the public and private sector. Emergency shelter funding is used for short-term, temporary shelter. Low barrier housing provides entrance to shelter with few requirements of individuals who need support.

Request: The Homelessness Taskforce should conduct a thorough examination of resources and identify opportunities to leverage existing resources, identify service gaps, and develop a funding request plan consisting of local public sector and private sector support.

Lead: Homelessness Task Force

Adopt Enforcement Ordinances

Enforcement policies help address nuisance behaviors of transient populations and can prevent more destructive or violent behaviors. However, in order to address this behavior in transient populations, other communities have committed to having “no barrier shelter” bed space. To be able to adopt these types of ordinances, no barrier shelter beds must be available, which is part of the resource commitment previously identified.

Request: Review ordinances from other communities and community resources needed to address nuisance behaviors and provide alternative models for sheltering to address.

Lead: Homelessness Task Force/Wichita Police Department

Persons with Violent Behaviors

There is a small but active part of the transient population that displays violent behavior, which may be associated with mental health issues. In addition to the long-term solutions of the MHSA Coalition and proposed Homelessness Task Force, there are two immediate recommendations.

Expand WPD Outreach to Public

The Wichita Police Department has a robust community policing team along with other specialized units like the Homeless Outreach Team (HOT unit). However, providers indicated limited knowledge of who their assigned community policing officer is or were unaware of the specialized teams which could help address issues involving unhoused individuals. In a meeting with downtown business owners, a similar issue was identified. There was also a request for more community training on what to do when interacting with a transient person who displays behaviors indicating mental health concerns or substance abuse.

Request: Have WPD conduct specific outreach to service providers and businesses to develop and strengthen their working relationships so that all parties can resolve ongoing issues in a collaborative manner.

Lead: Wichita Police

Request: Provide community de-escalation and resource training to best prepare downtown stakeholders on crisis situations involving the transient population.

Lead Wichita Police Department and other community supports

Legal System Coordination for Chronic Offenders

Both providers and law enforcement professionals expressed frustration that there are limited consequences for individuals displaying violence toward persons or property. Often, those arrested are released within a few hours and are back in the community, sometimes at the same provider location. There are a few incidents where law enforcement has worked with the judicial system for longer periods of incarceration, but this is not the norm. The recommendation is for a small group to meet to discuss options to address these violent, chronic offenders in an improved method through the legal system.

Request: Conduct a series of meetings with the law enforcement, judicial representatives, and providers to develop a more comprehensive approach to address violent offenders specific to the downtown transient population.

Lead: Legal system, court representatives, and law enforcement

Address Predators

During the three meetings, it was agreed upon by law enforcement and service providers that there are approximately 20 individuals who continuously prey on the downtown transient population. This preying could be in the form of illegal drug sales, prostitution, sex trafficking, and violence.

Request: Identify the predators and develop a targeted plan that involves law enforcement, municipal and county courts, and judges to stop the cycle of predatory practices. The State may need to be involved for commitment orders if appropriate.

Lead: Wichita Police Department with assistance from the Criminal Justice Coordinating Council, County & City Prosecutors, and City, County, & State Probation & Parole Offices.

Victim and Witness Outreach Support

Several providers indicated that victims and witnesses of predators are often afraid to report or share information for fear of retaliation. Special efforts to inform, support, and engage victims and witnesses of such crimes is needed.

Request: Coordinate an outreach from the Wichita Police Department to work with transient population service providers to identify methods to increase support to transient crime victims and witnesses. The goal is to increase crime reporting from transient populations who are victims or witnesses of crime. Ideas suggested included training, relationship building, or even develop signage and advertisement that would allow individuals to report crimes without calling 911 through programs like Crime Stoppers.

Lead: Wichita Police Department with support from District Attorney's Office, Sheriff's Office, and Wichita Metro Crime Commission

Other Items

Coordinated Street Outreach

Currently, different organizations conduct street outreach to individuals experiencing homelessness, but there is not a coordinated effort. Due to the lack of coordination, coverage and outreach may be duplicated on some days and lacking on others.

Request: Coordinate efforts among different organizations to equally cover all days.

Lead: Homelessness Task Force, a subcommittee of providers

Panhandler Education Campaign

Many well-intentioned people and organizations will give money, food, and clothing to those who they believe are in need. However, feedback from stakeholders indicated that many panhandlers were not experiencing homelessness. And there are better opportunities to provide sustainable support for those in need, than panhandling.

The 60-Day Task Force recommends developing and implementing an educational program that focuses on helping donors understand where their funds would be most

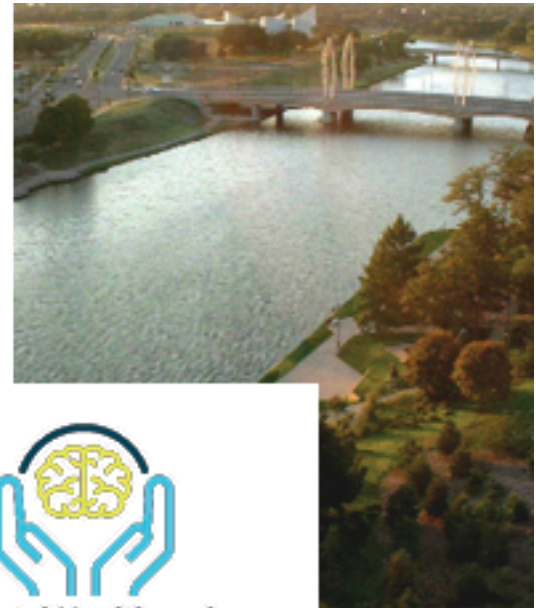
effectively utilized and distributed. There are numerous ways to donate money, goods, and time in this community that would allow for a healthier way for those in need to receive resources that also encourages them to receive case management and long-term solutions to their needs. More so, encouraging funds to go to existing organizations can deter individuals from giving money to panhandlers who may be using donations for other purposes.

Request: Develop an education and media campaign that would inform individuals and organizations who want to serve those in need on how to do so in the most effective manner. Included in the campaign would be a constant update on the number of individuals experiencing homelessness in our community, what the greatest needs are within different organizations, and how those needs can effectively be addressed by professional providers.

Lead: City of Wichita in partnership with the Homelessness Task Force

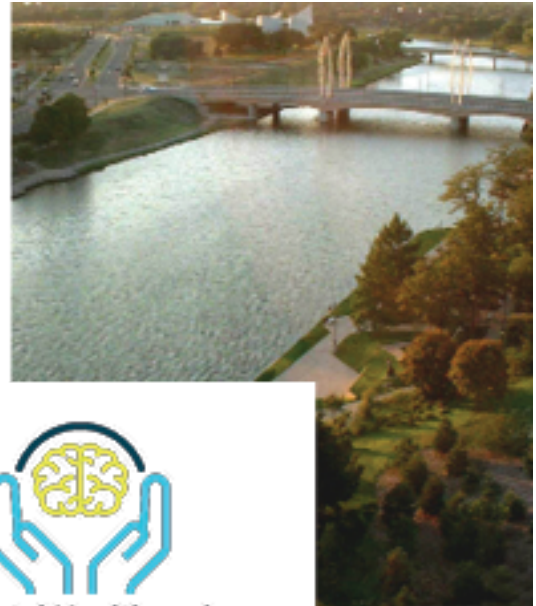
Request: Develop and install effective signage in areas generally occupied by panhandlers. There have been limited attempts at this previously. These signs could be pointed to an app, a website, or a QR code that would allow individuals to find information on where they can donate their time, money, or goods to provide positive outcomes for those in need in real time.

Lead: City of Wichita in partnership with the Homelessness Task Force



Section 3. Associated Issues

At the En Banc meeting, a request was made to include associated issues to mental health, substance abuse and homelessness including domestic violence, gun violence, and youth violence. While staff and stakeholders involved recognize the connectivity of such issues, the overriding recommendation was each of these issues has existing efforts, unique stakeholders, and additional significant issues that impact those areas of concerns. The recommendation is for separate efforts be developed to truly make an impact.



Conclusion

The number of issues surrounding mental health, housing insecurities and substance use disorders continue to grow and become more challenging. Coupled with the effect of the economic impact of the pandemic on our community, our community is at a critical juncture to move forward. The work requires all sectors (public, private, and nonprofit) to work collectively to address the increased demand, better leverage resources, and coordinate services to help our community.

FINDING A SOLUTION, TOGETHER.

**MENTAL HEALTH &
SUBSTANCE ABUSE COALITION
2022 POLICY PRIORITIES**



— Mental Health and —
Substance Abuse Coalition

ABOUT THE COALITION

The Mental Health & Substance Abuse Coalition is a collection of passionate partners who want a better future for the community.

Vision

Create a community where people in crisis find a place of hope and a path to health.

Mission

Develop a sustainable, accessible and integrated system of care that serves people with mental health and substance abuse disorders who are in crisis, in order to efficiently and effectively deliver services that create positive outcomes.

COALITION GOALS



ACCESS TO CARE:

To reduce barriers so patients can get to services they need when they need them.



COORDINATION, COMMUNICATION, COLLABORATION:

To create a system of care that relies on improved communication, coordination and collaboration among service providers.



WORKFORCE:

To have enough employees to meet demand in mental health, substance abuse, social work and other behavioral health professions.

CONTACT

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2022 POLICY PRIORITIES

Request: **Address workforce shortage in behavioral health professions**



- Expand the use of SPARK money to retain behavioral health professionals
- Develop a loan repayment program for BH professionals
- Develop a tax credit program for BH professionals
- Institute in state tuition for students who study behavioral health and practice in Kansas

What

The shortage of qualified behavioral health professionals in the Wichita area is at a crisis. COMCARE, our local Community Mental Health Center currently has over 200 openings with over 150 of those being provider positions. Ascension Via Christi hospital is currently down 30% of the behavioral health social workers that are needed.

Why

In the last few years, it has become more difficult to recruit and retain behavioral health (BH) professionals due to low pay, burnout due to high caseloads and staffing shortages, people leaving to go into private practice, and violence. Recently, four BH professionals left COMCARE and moved to Oklahoma due to higher pay in the state where Medicaid expansion funds higher wages. On a weekly basis, BH staff at our local hospitals are physically assaulted. The lack of BH professionals is also a pipeline issue that is not easily resolved. There needs to be incentives in place that encourages those who are interested in pursuing a career in behavioral health and make it a viable career field for them and their families.

Request: **Increase the Medicaid rate for all in-patient and out-patient behavioral health services by 10%**

What

Providers have had the same reimbursement rates since 2008. The cost to provide services has increased 20%. In 2020, Kansas Legislature approved a 2 to 2.5% increase. Due to the pandemic, that was stricken from the budget. The Association of CMHCs of Kansas, Inc. estimates the cost for a 10% increase would be \$22,500,000 to \$25,000,000 for the State of Kansas.

Why

Providers need to be able to recover the cost of providing services. With many reimbursement rates not changing for 13 years, providers are the ones covering the additional cost. Providers also have a workforce shortage because they CANNOT provide decent wages at the 2008 reimbursement rate. Fewer providers mean less access to care at a higher cost to emergency services. The 2018 High Utilizers Study conducted for Sedgwick County and the City of Wichita by the Public Policy and Management Center found:

- 519 high utilizer patients received almost \$56 million in care
- Almost \$17 million (30%) was funded through public and uncompensated care assistance

Who

A parent of a child in COMCARE services: *"My child is so upset that her therapist is leaving - she is the first person my child has connected with and now we have to start over."* This is a daily reality at Community Mental Health Centers (CMHC) as reimbursement rates are so low it is difficult to recruit and retain staff. CMHC's are at a severe disadvantage as are many nonprofit providers as we cannot pay market value for these positions resulting in turnover and continuity of care issues for patients and their families.

Request: Fully Fund 988 – Support HB2281

What

- Full fee of \$0.50 per phone line per month. An average cost of \$24 a year for the average family with four telephone lines.
- Fully fund all crisis call centers and all services along the comprehensive crisis continuum (e.g. crisis stabilization centers, crisis residential services and mobile response teams)

In July of 2022, 988 will become the national three-digit number for those who are having a mental health crisis. It will replace the current National Suicide Prevention Lifeline and expand its purpose to include a continuum of crisis services that include 24/7 call centers that answer 988 calls locally (someone to talk to), mobile response teams (someone to respond) and crisis stabilization programs (somewhere to go). To offer personalized service, it is important that the National 988 line be operated by local supports. If we are not able to offer services to manage calls, the callers will be directed to speak with a national representative that will not have the personal knowledge of our local area.

Why

These services would help mitigate the tragic suicide deaths, negative contacts with law enforcement and homelessness and help reduce the number of expensive revolving door solutions of ER visits, arrests, and incarceration. Between 2015 and 2020, one in four fatal police shootings involved a person with a mental illness. (NAMI.2021). In the Sedgwick County Jail, approximately 70% of all inmates have a substance use disorder and 35% have a diagnosed mental illness.

Request: Fully fund established crisis stabilization centers

What

Crisis stabilization centers were initially funded by the State as part of a state-wide plan for continuum of care for people in crisis. However, funding to support crisis centers, like COMCARE, has not kept up with demand. Our request is to add \$1.5 million for the crisis stabilization center in Wichita. Our request is that of the additional statewide funds of \$9.5 million, that \$1.5 million be utilized for the Sedgwick County crisis stabilization center in Wichita. This amount is being requested based upon the service volume and length of operation.

Why

Crisis Stabilization Centers, like COMCARE, provide a service that no other entity does. Centers provide an alternative to hospitalization and law enforcement involvement at a lower cost with better outcomes. If crisis centers are not supported by the State, that burden falls solely on local communities, putting the stability of the State Safety Net program at risk.

Who

A client from COMCARE provides insight to the impact on his life: *"I came in contact with a Wichita police officer who saw that I was in trouble and he took me to the crisis unit. After a couple of days, they sent me to COMCARE and I was basically watched 24 hours a day. It was a lifesaver for me quite frankly. They diagnosed deep depression and anxiety and taught me how to recognize when I was getting into a problem area. Literally they saved my life. I now have a job and housing."* - Rusty

Request:

Develop and implement long and short-term solutions to ease the wait times for state hospital beds

A: Long Term

Build a regional hospital in the Wichita area to include:

- 25 Involuntary Beds
- 10 Competency Beds
- 15 Restoration Beds

B: Build a Resource Center

C: Short Term

Provide solutions to ease the wait times for state hospital beds.

- Fund state mobile units
- Provide state staffing that would complete competency evaluations inside of the Sedgwick County jail. (Office space would be provided.)

What

In October 2021, the Sedgwick County Jail had 27 inmates awaiting transport to Larned State Hospital for competency evaluations with an average wait time of 146.4 days and the longest wait time of 327 days.

Why

Building a regional hospital in the Wichita area would help this region of the state manage the flow of patients in and out of the facility and expedite competency evaluations and restoration efforts so inmates could move quickly through the criminal justice system. This solution would also eliminate long travel times reducing costs and providing a safer alternative for both the inmate and those transporting them.

Another long-term solution that is needed in Wichita, is a one-stop resource center. This would allow providers to have a presence, at the minimum, during initial contact with those needing assistance in a variety of service-related areas. These services would include, but not limited to, case management, medical care, mental health treatment, housing, addiction treatment, legal services, employment and job training.

The short-term solutions would assist in the interim to ease wait times at Larned State Hospital and move people through the criminal justice system more quickly.

Request:

Approve Medicaid expansion or fund the gap



What

Currently, there are 165,000 Kansans who fall in a coverage gap which would be covered either by funding the gap or Medicaid expansion. It would also strengthen our hospitals by mitigating uncompensated care and would support higher wages to help retain our valuable healthcare workers. Kansas is one of 12 states that has not expanded and all of the surrounding states have adopted Medicaid expansion.

Why

A Government Accountability Office analysis of Iowa, New York, Washington, and Virginia (states that expanded in 2014) found that 17% to 25% of enrollees covered by expansion had behavioral health diagnoses. In Sedgwick County, 28.9% of adults are uninsured, and 15,248 adults are potentially eligible for Medicaid, if expanded. Another reason to expand or fund the gap is that we are losing behavioral healthcare workers to surrounding states due to higher wages that Medicaid expansion has afforded.



Request: Continue telemedicine reimbursement rate at the in-person rate post-Pandemic

What

Due to COVID, telemedicine (phone and virtual) reimbursement rates have increased to the in-person rate. The request is to continue at the same reimbursement rate as face-to-face post-pandemic. As of now, it will end when the National Disaster Declaration ends. We request state leaders to lobby for the continuation of these reimbursement rates at the Federal level through our congressional delegation, SAMSHA, and Region 7 CMS Regional Administrators in Kansas City.

Why

Telemedicine helps address barriers such as transportation, social anxiety, childcare and time. A recent survey from Tridium found:

- 81% of providers began using telemedicine for the first time during the pandemic
- Patients' adherence to clinical recommendations improved 25%
- Adherence to psychiatric medications improved 16%
- Appointment attendance improved by 35%

Who

A client from DCCCA Women's Recovery/Options Adult explains the impact of having telemedicine services: *"I would just thank you for all your help, all your support during my recovery. I would like to continue the virtual sessions because I have no way to get from my job to my house and then clear out east to where a face-to-face would happen. There's no bus that runs out there. I have no other family. I just need to continue this like it's going now. I'm successfully staying sober clean. I'm staying with my sponsor. I'd go to Virtual Meetings online with my support group, I would just like for this to continue for many reasons but most of all it's helping me stay sober and clean."* - JL

Also Consider:

What

Recommendations from the State of Kansas Mental Health Taskforce and the Kansas Criminal Justice Reform Commission

CONTACT

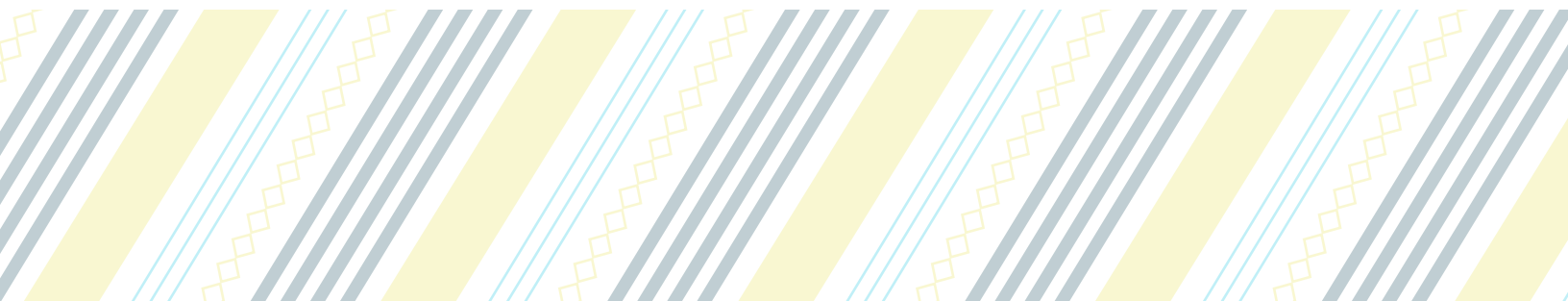
Dawn Shepler, Executive Director
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dawn.shepler@wichita.edu

WORKING TOGETHER

With an ambitious plan with those in need at its heart, the Mental Health & Substance Abuse Coalition seeks to create greater collaboration, helping all in the community to worker smarket, while tirelessly pursuing thie own organizational missions.

COALITION BOARD MEMBERS

- Terry Atwater, It Takes a Village, Inc.
- Marc Bennett, Office of the District Attorney 18th Judicial District
- Harold Casey, SACK, *Treasurer*
- Robyn Chadwick, Ascension Via Christi Hospital, *Secretary*
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- Steve Dixon, P.B. Hoidale Co, Inc.
- Jeff Easter, Sedgwick County Sheriff's Office, *Chair*
- Monique Garcia, Kansas Health Foundation
- Todd Johnson, Wichita Crime Commission
- Richard Kerschen, The Law Company Inc.
- Maria Kury, USD 259
- Terri Moses, USD 259
- Chief Gordon Ramsay, Wichita Police Department
- Gary Schmitt, INTRUST Bank
- Deann Smith, UMOD
- Joan Tammany, COMCARE, *Vice Chair*
- Michelle Vann, Vanntastic Solutions





— Mental Health and —
Substance Abuse Coalition

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Appendix B: Recommendation Implementation Timeline

	Short-term Strategies (2022)	Mid-range Strategies (2023)	Future Strategies (2024-25)
Develop and Initiate Plan to Address Workforce Issues			
Sustaining funds for the MHSA Coalition			
Dashboard			
IRIS			
Annual Service Provider Information & Gap Analysis & IDS			
Fund Two Licensed Addiction Counselors with the Substance Abuse Center of Kansas			
Jail Re-Entry Specialist			
Evaluate and Expand Co-Responder Model			
Support MHSA Coalition Legislative Agenda			
Community Navigators			
Social Service Hub/Health Sciences Education Center			
Provider Database			
More Residential Inpatient Addiction Beds			
Transportation			
Medical Detox			
In-Custody Drug Treatment Program			
Regional Hospital			
Homelessness Task Force			
Develop Homelessness Task Force			
Subcommittee for Leadership of Shelter Providers			
Implement Evidence-Based Homelessness Programs			
Coordinate with the MHSA Coalition			
Provide Sustainable Resources for Emergency & Low Barrier Housing			
Adopt Enforcement Ordinances			
Expand WPD Outreach to Public			
Legal System Coordination for Chronic Offenders			
Address Predators			
Victim and Witness Outreach Support			
Coordinated Street Outreach			
Panhandler Education Campaign			