

Mental Health and Substance Abuse Coalition

STRATEGIC PLAN 2020 – 2025

*Bothner and Bradley Inc. – in coordination with WSU Public Policy and Management Center, and
Coalition Coordinators, Jennifer Wilson and Wendy Hummell*

December 11, 2019/Updated 2-17-2020

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EXECUTIVE SUMMARY

The result of the planning process for the Mental Health and Substance Abuse Coalition is to create a virtual “one stop shop” – also referred to as a **virtual campus** – that serves people who are in crisis from mental health, substance abuse and who may or may not be homeless. At the center of the plan is strengthening the capacity of the Community Crisis Center, creating individual plans of care and ensuring that supports such as transportation, shared medical records and a viable workforce that can meet the needs today and into the future.

This Executive Summary is intended to be a brief that outlines the plan and immediate next steps.

It should be noted this plan is a work in progress. The Coalition knows there is a sense of urgency to address mental health, substance abuse and homelessness issues in Wichita and Sedgwick County. As such, this should be considered a set of directions that will require the community as a whole to work together to improve the quality of life for people who are in crisis.

Mental health, substance abuse and associated homeless issues do not just strike one part of our community. No one is immune. Individually, or together, they can strike anywhere and anytime. It will be up to the community to decide to work together in new ways, to speak out, and to hold each other accountable if measurable progress is to be made.

Mental Health and Substance Abuse Coalition of Wichita and Sedgwick County

- **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
- **STRATEGIES AND 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

Task Forces

In order to move this plan from something that is theoretical to something that is moving the community forward, it will take the hard work among many different organizations and entities to work together in new ways. Silos need to be non-existent. Territorial concerns need to go away. Reward systems need to be realigned so reducing barriers and working together are adopted as the new reality.

The organizations already working in mental health, substance abuse and homeless, are aware the landscape needs to change. Unfortunately, funding is often tied to outcomes that ultimately don't benefit the idea of working together. Still, collaboration is the key and if individual agendas can be set aside, there is room to improve.

This plan is based on input from many stakeholders. Its success is based on allowing those stakeholders to focus on their mission, while allowing the community to find answers to universal barriers, such as transportation, sharing information and creating a pipeline of service providers who will stay in the community and ensure individuals receive the level of care they need at the time they need them.

This is a patient-centric plan that will require working together in new and innovative ways.

The task forces are divided among the three strategies but will ultimately also need to consider cross-cutting measures such as policy and funding. Included in this plan are measures, and some ideas for tactics, but those will need to be refined by task force members. This plan allows each task force to use their own worksheets to conduct their work – see pages 15 – 22.

It is largely a volunteer effort, so having a strong leader who can help break down silos and keep people accountable is critical.

It is recommended the Coalition board hire an administrator for the first one to three years. Additionally, task forces should meet monthly, with monthly updates to the Coalition Board of Directors.

Biannual Summits

As mentioned, stakeholders from across the community came together to ensure their ideas and clients were represented in this plan. Communication and collaboration do not come naturally but will be required to ensure the work of the task forces is achieved.

As such, there should be at least two summits, inviting all stakeholders to come together to measure progress, identify barriers and opportunities, and adapt to the realities of the environment in order to best serve people who are in crisis.

These should be considered the mid-course corrections for this plan.

First 90 Days

1. Contract for an administrator/executive director to manage implementation of the plan. Can be temporary full-time or part-time but should be considered for first one to three years to ensure a successful launch of the Task Forces and Plans.
2. Communicate plan with Summit attendees and broader community showing priorities and how the Coalition plans to address them
3. Assign Task Forces and schedule first meetings – Access to Care, Coordination/Communication/Collaboration, and Workforce
4. Connect with Project Wichita, and stay apprised of work going on at the state level – including changes at the Osawatomie State Hospital and plans for a potential regional hospital.
5. Consider hiring a consultant to determine timeline and budget priorities in strategic plan

Organizational Considerations



Continue to operate as a Coalition, not a 501c3



Expanded Board of Directors, including Sedgwick County and City of Wichita representation



Hire a full-time, temporary Executive Director (up to two years), with current staff support



Establish a schedule for Task Forces

Facilitation
Agenda
Outcomes



Develop a communications plan – internal (Board and Task Forces) and external (other organizations, media, etc.) – and operations plan for each strategy

In summary

The task forces will need to check and refine measurable outcomes, but at the time this plan was developed, the summary included:



Years 1 - 3

Right-sizing Community Crisis Center
Shared data
Transportation
Emergency housing
Workforce – pipeline, compensation



Years 4 - 5

Virtual one-stop shop/campus, or
Co-location of services (if needed)



Measures

Reduce arrests/
recidivism/readmissions
Capture cost savings from high-utilizers
Decrease number with mental health, substance abuse problems in jail

BACKGROUND

In 2019, a group of leaders from law enforcement, health care, behavioral health programs, private businesses, education and local nonprofits formed the Mental Health and Substance Abuse Coalition. It was the natural evolution of a group that had been working at the intersection of mental health, substance abuse and homeless issues in Wichita and the surrounding areas for several years.

The original Board of Directors for the Coalition were:

- **Sheriff Jeff Easter**
- **Chief Gordon Ramsay**
- **Harold Casey** – Substance Abuse Center of Kansas
- **Robyn Chadwick** - Ascension Via Christi
- **Joan Tammany** - COMCARE
- **Todd Johnson** - Wichita Metro Crime Commission
- **Terri Moses** - USD 259
- **Deann Smith** - United Methodist Open Door
- **Gary Schmitt** - Intrust Bank
- **Marc Bennett** - District Attorney
- **Rich Kerschen** - The Law Company
- **Steve Dixon** – P.B. Hoidale Co., Inc.

Wichita Council member **Cindy Claycomb** and Sedgwick County Commissioner **Lacey Cruse** were added to the Board before the end of 2019.

*“Two and a half years ago, the Sheriff’s Office, members of the police department, Comcare, Via Christi and SACK (the Substance Abuse Center of Kansas) all sat down in a room and pointed fingers at each other about how broken the system was and how it was somebody’s else’s fault. Needless to say, **we all came together, really discussed the issues in earnest and how we could solve some of our own problems, ‘faced with an “overcrowded, overloaded system’ stressed by years of increasing need and declining state dollars.”***

– **Sheriff Jeff Easter**

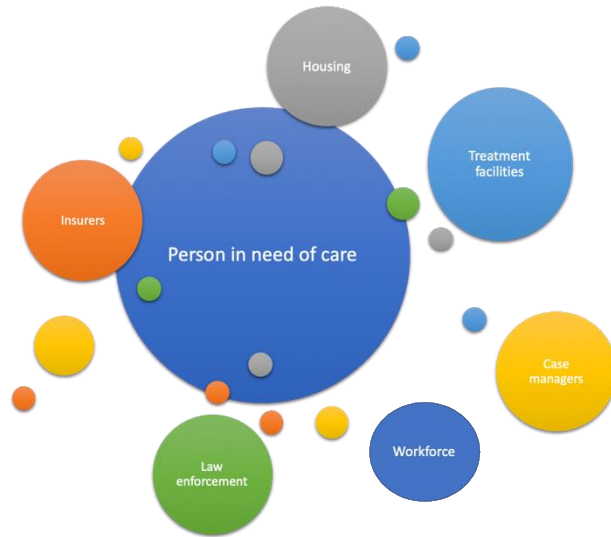
Chair, Mental Health and Substance Abuse Coalition

Wichita Eagle

6-20-19

The ecosystem

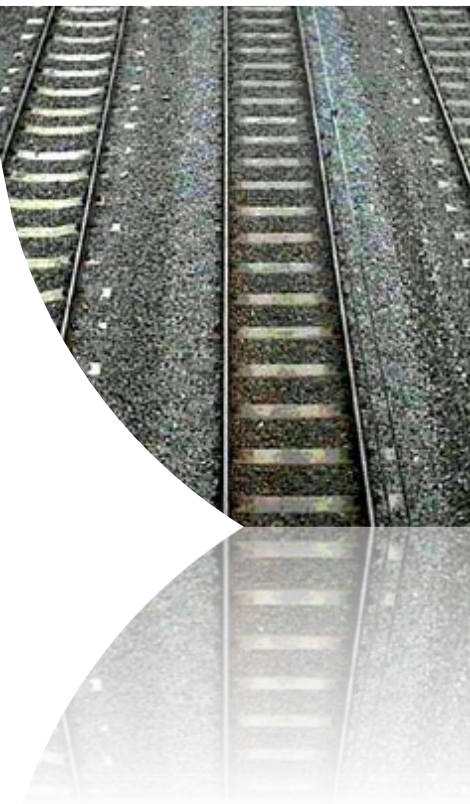
At best, the systems that served those with mental health, substance abuse and homeless are loose-knit and connected through the heart of those who serve people most in need, and who make it work by – as leaders have described – putting Band-Aids on problems that need complete overhauls.



The Coalition is a chance to put structure, benchmarks and resources toward serving the community in effective and efficient ways, while using best practices learned through research in Wichita, and studies from communities across the country.

Parallel efforts

It also should be noted that while the Coalition worked diligently on its own strategic plan, members were also cognizant of **parallel efforts**, including:



Project Wichita – a vision and 10-year plan for the region

- Community education to reduce the stigma of mental illness
- Resource development to help achieve the Coalition’s plan
- Awareness of the issues in mental health, substance abuse and homelessness

Statewide

- Regional acute beds/state hospital

PROCESS

The Coalition Board, with the support of coordinators Jennifer Wilson and Wendy Hummell, engaged the services of planning facilitators Bothner and Bradley Inc., and the Public Policy and Management Center at Wichita State University. Both entities worked together to identify the scope of the project, determine research needs, and outline a process that would lead to a strategic plan that would serve the needs of the Coalition and the community.

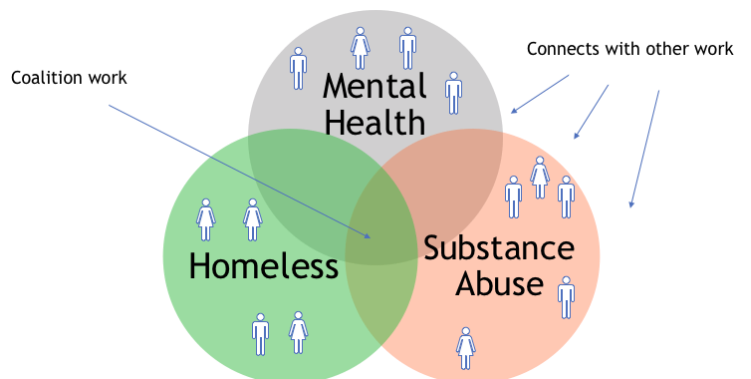
The purpose of the planning project was to:

- Facilitate a strategic planning process for the Coalition that
 - Defines a **vision** and **mission** for the next five years or more
 - Articulates a set of **values** that will guide the work of the Coalition
 - Establishes common goals/**priorities**
 - Is based within the context of the overall community for **substance abuse, mental health and associated homeless** needs and services

Work with Coalition

In its first planning session, the Coalition Board of Directors began to identify the focus of the Coalition's work, its values, vision and mission. In addition, board members contributed to a list of resources that could be utilized in determining the landscape of the issues related to mental health, substance abuse and homelessness. Notes from this session are included in Attachment 1.

It was determined that for the first priority for the Coalition would be on people in crisis who fall into the three categories. In addition, the strategies would need to lead to an integrated system of care as a way to drive effectiveness and efficiencies within the many different systems that intersect to serve people in crisis.



Working with the coordinators and Board, much consideration was given to how to engage the many agencies working in the areas that serve mental health/behavioral health, substance abuse and homelessness. It was determined there would be a summit early in the process to explain the purpose of the Coalition, as well as provide input on creating a common understanding for agencies to begin to work together.

In addition, a summit would be scheduled toward the end of the process to allow feedback on research, direction and actions that could begin to redefine the ecosystem in Wichita and the surrounding region.

It was an effort to identify “where we are,” as well as “where we want to be.”

Research

The WSU team reviewed secondary data from sources related to mental health, substance abuse and homelessness. It quickly was confirmed that Wichita – like many other cities across the country – had a “perfect storm” where decreased funding and increased need left agencies without the resources needed to serve those in crisis.

<p>Increase in need + Decrease in funds = Fewer options for care</p>
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As a result, people with mental health, substance abuse and homeless issues were finding their way to law enforcement, emergency responders, courts and hospital ERs – none of which were equipped to handle the complexities that accompany the many contributing factors related to the three inter-related factors.

There were several successful attempts to stem the tide, including:

- **Mental Health Unit (pod) at Sedgwick County jail**
- **Community Crisis Center – COMCARE of Sedgwick County**
- **Drug Court – Sedgwick County District Attorney, COMCARE, Kansas State Department of Corrections**
- **ICT 1 (Integrated Care Team) pilot program - Wichita Police Department, Sedgwick County Sheriff, Wichita Fire Department, Sedgwick County Fire District 1, Sedgwick County Emergency Medical Services, Sedgwick County Communications and COMCARE**

It is these strengths on which the Coalition decided to build its strategic plan. And through focus groups with key stakeholders that identified perceptions and gaps, as well as analyses of various data sources, the WSU team began to identify themes that would start to outline priorities for the Coalition moving forward. These included:

Facilitate access:

- Coordination
- Co-location of services
 - Reduce # of access points
 - Engage primary care providers
- Increase facility size and resources
- Partnerships

- Services concentrated in urban core, but population growth expected outside metro
- Embrace technology
- Reform payment processes
- Expand data sharing capabilities
- Address workforce issues

Market solutions:

- Access (growing demand)
- Primary Care physician preparation
- No siloed decision making
- Use IT platforms

Funding:

- Seed money – private sources or public/private grants
- Largest share eventually – fee for services and government funding (ie Medicaid)

Final copies of those reports will be provided by WSU PPMC.

In addition, WSU provided summaries of the following:

- Public Safety Data
- 990 Funding Summary
- Summary of Issues
- Table of Models

Studies

To further accelerate the planning process, Ascension Via Christi commissioned two significant studies that were concluded during the planning process. Both were instrumental in further refining the strategic priorities for the Coalition as the community finds new ways to collaboratively serve people in crisis.

These were:

[Wichita Behavioral Health Community Needs Assessment, Final Report \(07/17/2019\)](#)

[High Utilizers of Behavioral Health Services Report, Sedgwick County 2015-2018](#)

From a news release about the studies:

In 2017, the Kansas Health Foundation, a philanthropy dedicated to improving the health of all Kansans, provided \$14,200 in funding to allow Ascension Via Christi to study high utilizers of behavioral health services in Sedgwick County from 2015 to 2018.

This was part of an overall \$25,000 Impact Grant in the area of behavioral health. Researchers at the Wichita State University Public Policy and Management Center analyzed data from Ascension Via Christi, COMCARE and the Substance Abuse Center of Kansas to identify high utilizers, better understand the factors to their utilization patterns and establish an estimated cost of their care in the current system.

“The goal was to establish a baseline from which to work,” said [Robyn] Chadwick. This will complement the work now being undertaken by the coalition, whose goal is to develop and help implement a plan for an integrated system of care for people with substance abuse and mental health disorders who are in crisis.

Among the study’s findings:

- \$56 million of care was delivered between 2015-2018 to 516 patients.*
- \$17 million was funded by public assistance or uncompensated care.*
- One in four patients received services at more than one of the organizations.*

The Via Christi Foundation also received a \$50,000 grant from the Victor Murdock Fund at the Wichita Community Foundation. Matched with \$60,000 in other private donations, that grant funded a study of local behavioral health facilities and services. Catalyst, a Haskell company, conducted the study, which identifies projected need for services through 2023 and provides potential facility and operational interventions to fill behavioral health market gaps in Wichita community.

According to the findings of that study:

- Gaps in the Wichita behavioral health system are straining our community’s resources, especially those of our emergency departments and jails.*
- Consolidating resources and a coordinated community effort is needed to address issues identified in the study.*
- The community will require a minimum of 64 additional mental health providers over the next 10 years to meet the projected need.*
- More emergency shelters and transitional housing are needed.*

Other studies that contributed to the findings in this report included:

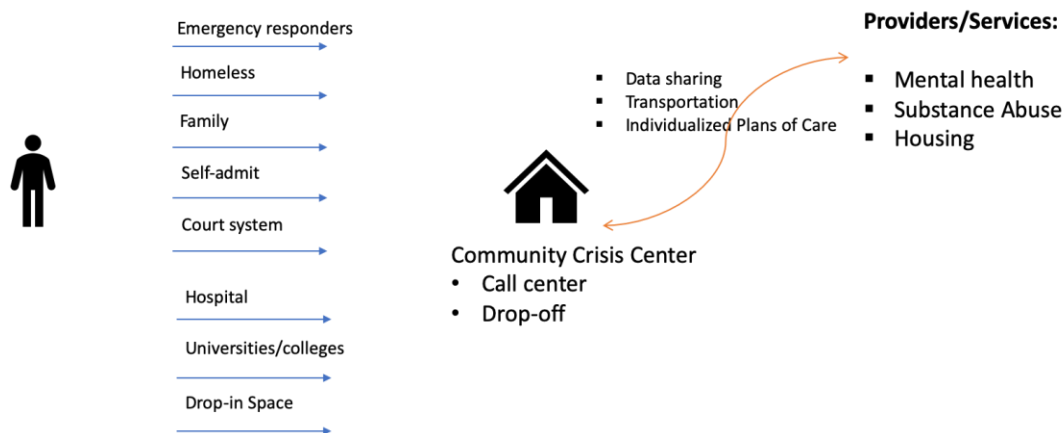
- Sedgwick County Community Crisis Center: COMCARE and the Substance Abuse Center of Kansas Cost Avoidance Study
<https://www.wichita.edu/administration/diversity/ppmc/documents/SACK.pdf>
- Statewide Mental Health Report https://www.kdads.ks.gov/docs/default-source/csp/bhs-documents/final-mental-health-task-force-report---january-2019.pdf?sfvrsn=4dac04ee_0

With direction from the Coalition board members, research and analysis by WSU PPMC, and key studies about high utilizers and facility needs, the following strategic plan was developed for the Mental Health and Substance Abuse Coalition.

THE STRATEGIC PLAN

The short answer for the plan for Wichita and Sedgwick County is this: **A virtual one-stop shop**, also known as a **virtual campus**. One that connects a person in crisis to the services they need, and ensures the person stays connected as long as needed to improve their condition.

The critical piece is ensuring the Community Crisis Center has the capacity to meet the need, while also ensuring transportation, data sharing and individualized plans of care surround individuals in crisis, so they reach the providers and services that are needed.

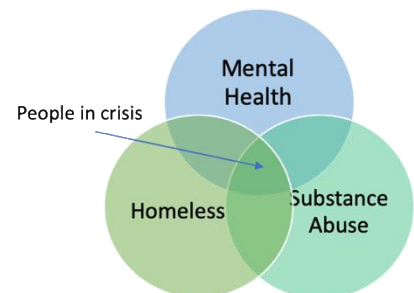


To get to this point, the vision and mission are:

- **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

The **primary focus** for the work of the Coalition, to serve the needs of the community, is:

- People of all ages and walks of life in Wichita and Sedgwick County who are suffering from mental illness, substance abuse and who may or may not be homeless



STRATEGIES :

1. Access to care
2. Coordination, Communication, Collaboration
3. Workforce

What is the role of the Coalition?

- Model collaboration for the rest of the community
- Define a Wichita/Sedgwick County model
- Create a plan that is data driven
- Connect with work already under way in the community
- Align resources with need
- Define issues/needs for those in crisis
- Lead innovation
- Act as a Resource
- Advocate for resources
- Measure progress toward mission

What are the values of the Coalition?

- Patient centric
- Transparent
- Act in the best interest of the community
- Respect each other and the process
- Serve people of all ages who are in crisis

STRATEGIC PRIORITY: ACCESS TO CARE

Goal: To **reduce barriers** so patients can get to services they need when they need them

Possible measures of success:

- Reducing the number of people in crisis with mental health and substance abuse issues being arrested
- Reducing recidivism of people in crisis with mental health and substance abuse issues
- Proven ability to track or evaluate results
- Long-term treatment options
- Bridging the gap between social and medical detox
- Integration of medical and behavioral health care
- Allowing outside service agencies to have access to homeless shelters and housing units
- After the first few years, assessing whether co-locating services in one space so clients can access services without a high transportation need

Priorities:

1. Transportation, which could include:

- Identify best practices in other cities for addressing patient transportation to get to services. Research to include volunteers (including faith-based communities), vouchers, public transit, private (Uber, Lyft)
- Needs to be 24/7 access
- Needs to be safe for violent/difficult patients
- Research volunteer structure for liability issues
- Connect with liaison/navigator/coordinator to ensure patients get to appointments
- Is it possible to develop an internal shuttle system?
- What is the possibility of taking services to where the person is – so there are no transportation needs?

2. Policy changes, which could include:

- Medicaid expansion
- HIPPA reform
- Reciprocal HIPAA waivers
- Address different regulations for different levels of providers
- Release waivers for inmates so they can access services and/or continuation of Medicaid while in custody and after they are released
- Substance abuse rehabilitation – advocate for higher limit on days for treatment (29 days is too low)
- Funding
- Re-appropriate state of Kansas casino tax
- Open up liquor tax laws
- Integration of medical and behavioral health care (billing code issues)

Task Force:

- **Co-Chairs:** _____
- **Members:**
 - _____
 - _____
 - _____
 - _____
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 - _____
 - _____
 - _____

Tools:

- Monthly meeting agendas
- Meeting notes/outcomes/next steps
- Board meeting reports
 - What we've accomplished
 - What we need to move forward
 - Bi-annual participation at summits

STRATEGIC PRIORITY: COORDINATION, COMMUNICATION, COLLABORATION

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

Possible measures of success:

- Implementing simple solutions while fixing complicated problems
- Physical, “soft” handoffs for people in need of care
- Getting people to the right place at the right time
- One intake location, then transported to the place they need to go
- Sustained coordination for the most difficult cases
- Overcoming HIPAA barriers to sharing information
- True sharing of information across all partners
- Maintaining trust with people in need of care – providers gain trust with their clients, and they can’t lose that by sharing information with courts, emergency responders

Priorities:

1. Communication

- Deliver a patient-centric **shared database** among providers, emergency responders, court system. **Process could include:**
 - Identify databases that already exist in Wichita/Sedgwick County - HMIS,RMS – City of Wichita, Kansas Health Exchange Network, IRIS, Wichita/Sedgwick County public health department, others
 - Research what other communities use and how they have broken down barriers related to HIPAA
 - Identify what is critical for patient-centered data
 - Date of service
 - Type of service
 - Service provider
 - Database should operate much like airlines or Ticketmaster, where “open spots” at facilities are real-time
 - Will need to identify costs, operating expenses, licensing arrangements, training, upgrades, etc. For example, in San Antonio Haven for Hope pays the HMIS fee and allows partners to use for free.
- Continue to communicate with each other, task forces, broader service provider community to share ideas, celebrate successes

2. Coordination, which could include

- Identify a path that will allow for **individualized care plans** for patients
- Determine feasibility of assigning a sponsor/**system navigator**/liaison (or, trained volunteers) for assisting patients in finding their way through services needed
- Increase capacity to establish **long-term, sustained care** at the **Community Crisis Center** at COMCARE of Sedgwick County
- 24/7 crisis hotline
- 24/7 walk-in crisis intervention
- 23-hour adult outpatient Crisis Observation Unit
- Adult Crisis Stabilization Unit
- Children’s Crisis Beds (at Wichita Children’s Home)
- Mobile crisis services
- Sobering/detox services (SACK)
- Family support (NAMI)
- Inpatient services at Via Christi
- Hotline: 660-7500

3. Collaboration, which could include:

- Create **collaborations** with Community Crisis Center, as one-stop
- Identify more collaborations with FQHCs for integrated medical care, to include behavioral health
- Build on the ROI of pooling resources to solicit funds together, because the trade-off is all agencies can focus on what they are good at – not on overcoming barriers often outside their mission or reach, such as finding services, transportation, etc.

Task Force:

- **Co-Chairs:** _____
- **Members:**
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Tools:

- Monthly meeting agendas
- Meeting notes/outcomes/next steps
- Board meeting reports
 - What we've accomplished
 - What we need to move forward
 - Bi-annual participation at summits

Strategic Priority: Workforce

Goal: Enough employees to meet demand in mental health, substance abuse, social work and other behavioral health professions

Possible measures of success TBD by Task Force

Priorities could include:

- Expand types of behavioral health specialists
 - Certified mental health practitioners (CNA equivalents); behavioral health techs
 - Paraprofessionals
 - Primary case managers – prepared, educated, paid adequately
 - Retired professionals for PT work
 - Skilled workers to do outreach
 - Integrated primary care model - FQHCs

- Compensation
 - Reimbursement rates – at all points on career spectrum
 - Incentives for new graduates to NOT go into private practice
 - Rewards based on performance metrics
 - State and federal loan repayment program
 - Tax breaks, scholarships

- Pipeline
 - Middle and High Schools – aviation, health care models
 - Expand KU School of Psychiatry program
 - Recruit from other areas of the country
 - Relationships with universities, colleges – direct placement
 - Volunteer
 - Communicate with career development specialists – show how students make an impact in the community
 - Wichita Promise model (aviation at WSU Tech)

- Other
 - Respite care for service providers
 - Sedgwick County – not medically underserved
 - Peer mentors
 - Supervisor training – for working with new social workers, other providers
 - Diversity in workforce – to address access to care issues

Task Force:

- **Co-Chairs:** _____
- **Members:**
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Tools:

- Monthly meeting agendas
- Meeting notes/outcomes/next steps
- Board meeting reports
 - What we've accomplished
 - What we need to move forward
 - Bi-annual participation at summits

In summary, the plan for the next few years looks like this:



Years 1 - 3

Right-sizing Community Crisis Center

Shared data

Transportation

Emergency housing

Workforce – pipeline, compensation



Years 4 - 5

Virtual one-stop shop/campus, or

Co-location of services (if needed)



Measures

Reduce arrests/
recidivism/readmissions

Capture cost savings from high-utilizers

Decrease number with mental health, substance abuse problems in jail

Attachment 1: Coalition Board of Directors Planning Notes

Substance Abuse and Mental Health Coalition Notes for Board meeting 4-22-19

PROCESS

Coalition Board	Research	Engagement	Values Survey
Deann Smith Sheriff Chief – WPD Todd Johnson, Crime Comm Terri Moses – USD259 Joan Tammany Robyn Chadwick Harold Casey, Substance Abuse Ctrs of Kansas Gary Schmitt	Law enforcement Public Safety Hospitals, clinics, Counseling Ctrs Emergency, homeless shelters USD 259 data Other local services National summary info + Facilities, high utilizer, Substance abuse studies under way	Interviews Focus groups Summit	Stakeholders
Substance Abuse Committee Mental Health Committee			
	CoC Annual Meeting <i>June 3 – San Antonio visit</i>		September – City to City visit <i>June/July – three studies</i>

OUTCOMES – A plan by end of October 2019 that includes

Goal/vision: An integrated system of care for people with substance abuse and mental health disorders in crisis

Values

Wichita model
Data driven
Connect with work already under way in the community

Mission

Goals/Priorities for the next 1 – 3 years

Strategic priorities for Coalition

- Treatment
- Reaction (emergency responders)
- Campus
- Workforce

For Community

Perceptions/stigma
Prevention

- Legislative issues/policy

A highly integrated system of care for people with mental health disorders

The Coalition Plan:

- Crisis
- Treatment
- Campus
- Workforce
- Legislative priorities



The Community:

- Perceptions (stigma)
- Prevention
- Response
- Treatment

- Regional hospital

NOTES FROM BOARD MEETING

Responsibilities of Substance Abuse and Mental Health Committees

- Engagement
- Funding – how to integrate services and funding
- Break down silos
- Convene Committees – educate, define expectations (the why), input on strategic plan
- Task oriented/could combine and likely would go away over time

Research

- Cost avoidance studies – WSU/PPMC
- Mental Health – UW
- Narcotics cases – WPD, Sheriff
 - o Health Department – 2017 by zip code
- OMD – behavioral health calls
- Crime Commission Report
- DA – cases charged – drug cases
 - o Meth stats/filed CT cases
- Suicide data – ComCare
- Via Christi – Suicide attempts
- USD 259 – Communities That Care (CTC)
 - o Social work
- County probation
 - o Jay Holmes – drug failures

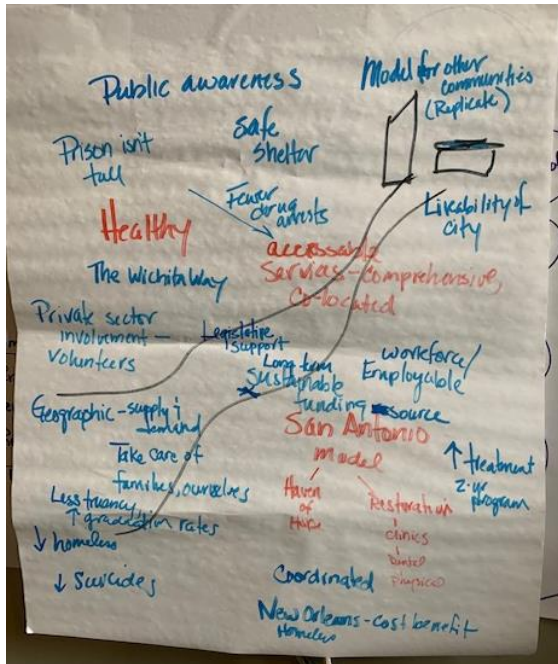
- Partner nonprofits
- KDOC – sentencing
 - o Annual – KS Sentencing Commission
 - o SE KS Connection
- United Way – state hospital – admissions tracking
 - o Jay Holmes – Community Corrections
- United Way – Continuum of Care
 - o Housing inventory
 - o Self-identify
- Forensic Science – overdose deaths
- USD 259 – Providers
 - o UW – providers
- Private sector – HR information
 - o National information
 - o Partnership/Gary
 - o Zip codes
- SC KS legislators
- Racial diversity – African American, Hispanic communities
- Project Wichita
 - o Info
- Poverty = Uninsured/underinsured
- KU School of Medicine
 - o Clinic
- Private Practice – mental health
- Employee Assistance/Union data
- Chronic users
 - o Any long-term studies – users – that say we need a different approach?
- Medical Society
- Cost-shifting – state, federal – history *
- Suicide Network – youth
- Mayor’s Youth Council
- WPD – Youth
- Veterans – VA Hospital
- State Parole – Probation/Parole officers
- Domestic Violence– treatment programs, research – national – BIP (Better in Person)

Vision – A community successfully meeting the mental health needs of the people who live there

Coalition Mission - A sustainable, accessible and comprehensive system of care for people with substance abuse and mental health disorders in crisis

How - Coordinated, integrated system of care

Benchmarks – Decreased number of suicides, homeless, fewer drug arrests, prison isn't full



Eco-System (categories for research?)

- Community Crisis Coalition
- Continuum of Care
- United Way
- Medical Community
- Safety Net clinics
- Emergency Responders (EMS, Fire, dispatch, Sheriff, WPD)
- Business
- Project Wichita
- Philanthropy – behavioral health
 - o Sunflower
 - o KHF Ascension
- Emergency shelters
- Homeless agencies
- Schools/education
- Public Sector
- Wichita Crime Commission