



Wichita-Sedgwick County Addiction Intervention Coalition Minutes

June 25, 2025 | 11:30-1:00 p.m. 100 N. Broadway, Ste. 629

Members in Attendance: Dave Dahl, Claire Gregory, Heath Bechler, Tonya LeBrun, Matt Lynch, Randy Ecker, Steven Kamau, Rena Cole, Jeff Blubaugh, Mike Hoheisel

City/County Representatives: Russell Leeds, Travis Babcock, Nate Johnson, Armand Shukaev, Tim Kaufman

Guests:

- 1. Members and staff introduced themselves. New attendees shared brief professional backgrounds.
- 2. Members were provided with the draft minutes from the previous meeting. Due to limited distribution, approval of June 12, 2025, minutes will be postponed until the next meeting to ensure all members have time to review.
- 3. Action Item: Bylaws Review and Discussion
 - a. City and County legal representatives presented draft bylaws for review presented by Nate Johnson (Assistant City Attorney).
 - b. Bylaws are drafted to allow adoption today or next meeting. Officers cannot be elected until the bylaws are adopted.
 - c. Members provided fluid feedback and suggested revisions (section by section breakdown). Key updates included: correcting the adoption year to 2025, clarifying language around removal and reinstatement of members, and updating conflict of interest terminology from 'ethical' to 'unbiased.' (Real-time edits made.)
 - SECTION 1: Correcting 2024 to "2025"

- SECTION 2: Language choice (ex. prepare versus analyze- discussion, but no change made.)
- **SECTION 3**: Members subject to removal for inability to fulfill functions and responsibilities but may be reinstated subject to vote 3 missed meetings in a row, or half of 12-month schedule. (Keep shall be subject to removal and add "in accordance with provisions outlined in the joint resolution establishing this board.") Then the member would have to be reappointed if removed.
- **SECTION 4**: Verbatim from Joint Resolution and Ordinance and is not subject to major change.
- **SECTION 5**: Officers President, Vice-President, and Second Vice-President elected and back up to run meetings. President elected to sign contracts and act on behalf of the Coalition. Time frame for voting. Clarification of Secretary to be staff from City/County.
- SECTION 6: Meetings and Procedures third Thursday of every month (some flexibility provided – add verbiage to allow Coalition to address time/date.) Polling will be conducted to determine the best time and dates for Coalition. Provision for special meetings. Kansas Open Meeting Act – notification, attendance, public participation, etc. Robert's Rules of Order – parliamentary procedure for guidance.
- SECTION 8: Quorum is half of the board, and voting is based on a majority of present board members. Conflict of interest does not affect quorum but does impact majority thresholds.
- **SECTION 9**: Conflict of interest will be reviewed by City/County legal, please bring potential issues to their attention. May be financial, familial, or the potential appearance or impropriety. (Changing verbiage unethical to "unbiased")
- **SECTION 10**: Ratification of by-laws, and by-laws in conflict with laws of the State of Kansas.
- d. A final version with edits will be circulated prior to the next meeting for a formal vote and officer elections.
- 4. **Action Item**: Strategic Plan and Needs Assessment Discussion
 - a. The group discussed findings from The Steadman Group's needs assessment and strategic plan overview.
 - Conversation of Consortium body and make-up of studies
 - Defined target groups of smaller diverse groups from both Sedgwick County, and Johnson County data; as well as other data sources

- b. Members explored whether workforce-related expenses could qualify under the settlement terms.
- c. Key themes include workforce challenges, access to treatment beds (particularly for the uninsured/underinsured), medical detox gaps, and the need for integrated care and harm reduction strategies. Key focuses on taking large scale issues and starting with elements that can be addressed and focused on.
 - Behavioral Health Resources and Gaps
 - Inadequate Treatment Bed Availability: There is a shortage of inpatient treatment beds, especially for uninsured and underinsured individuals. This is linked not only to infrastructure but also to staffing shortages.
 - Lack of Medical Detox Options: While social detox services are available, medical detox—which is often a critical first step in opioid treatment—is limited.
 - Harm Reduction Services: There is a significant gap in harm reduction services such as syringe exchanges, fentanyl testing, and overdose prevention strategies.
 - Inequitable Access: Populations such as the unhoused, uninsured, and youth are disproportionately underserved.
 - Aspects of the System Need Improvement
 - Coordination Across Providers: There is fragmentation in the system, and improved collaboration and data sharing are needed.
 - Lack of Integrated Care: Services for mental health, substance use, and physical health are often siloed, resulting in inefficient care.
 - Privacy and Information Sharing Barriers: HIPAA and other regulations complicate care coordination, although statewide efforts are being made to address this.
 - Workforce Shortages: The shortage of trained professionals is a systemic barrier to expanding services.
 - Most Immediate Needs and Priorities
 - Increase Access to Inpatient Treatment and Detox Beds, particularly for the uninsured/underinsured.
 - Expand Harm Reduction Strategies, including Naloxone distribution and public education.
 - Support Integrated Care Models that link behavioral health, physical health, and social services.

- Address Workforce Challenges indirectly through RFPs that fund providers that can hire and train staff, rather than directly supplementing salaries. <u>Sunflower Guide for usable expenditures is a</u> good source for reference.
- Youth and Family Services: There is a critical need for youth-specific substance use services.

Key Findings

- Sedgwick County is categorized as having a high risk for overdose vulnerability, based on statewide comparisons.
- The uninsured and underinsured populations are most impacted by service gaps.
- o Four primary recurring needs were emphasized:
 - MAT (Medication-Assisted Treatment) Expansion
 - Availability of Inpatient Beds
 - Prevention and Harm Reduction
 - Integrated and Coordinated Care
- Strategic planning should be tailored locally, using data and stakeholder feedback to determine how opioid settlement funds are best deployed, but can refer to other agencies, such as Johnson County, for guidance.
- Sustainability and long-term planning are vital: the group must prioritize solutions that will endure after settlement funds expire in 14–15 years.
- d. Refine Strategic Plan Focus on four to five most seemingly pressing issues to reach out to sources of information to progress in building scopes of work and proposals. Also, review other programs, in Kansas and other states to see what they have done to move forward. (example: Opioid Resource Network, and reference to Steadman Group)
- e. Anticipated Challenges
 - Create a sustainable model
 - Format communication-HIPPA database
 - Youth prevention
 - One stop shop for co-located care
 - Expansion of medical detoxes for COMCARE
- 5. Action Item: Points of Consideration Moving Forward
 - a. Noted Funding has already been allocated by the County for educational campaign and for equipment at Regional Forensic Science Center.

b. Decide whether to have an outside resource, such as WSU, monitor and report on provider performance and compliance.

Other/Future Business:

- Due to scheduling conflicts, the Coalition will explore alternate meeting times. A poll will be distributed to determine a consistent time moving forward.
- Ratification by vote of By-Laws, and election of officers.
- Staff will follow up with information from Johnson County and other jurisdictions using opioid settlement funds.
- Additional presentations may be scheduled, including from the Opioid Response Network or other technical experts on workforce and sustainable service delivery models.

The next Wichita-Sedgwick County Addiction Intervention Coalition Meeting will be the third or fourth week of July, **TBD**.