

COST AVOIDANCE STUDY FOR COMCARE AND SACK

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Department of
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Introduction

COMCARE of Sedgwick County (COMCARE) and the Substance Abuse Center of Kansas (SACK) commissioned the University of Kansas School of Medicine-Wichita (KUSM-W) to evaluate the benefits of services that COMCARE and SACK offer, avoiding costs for several community partners in Wichita, Kansas. These partners include: Sedgwick County EMS, the Sedgwick County Sheriff's Office (including the Sedgwick County Jail), the Wichita Police Department, and Ascension Via Christi St. Joseph. Specifically, this study sought to:

1. Estimate the 2023 costs avoided by community partners, and cost savings to society, for specific crisis services offered by:
 - a. COMCARE
 - b. SACK
2. Estimate the potential cost avoidance to community partners, and cost savings to society, in 2026 if:
 - a. COMCARE expands capacity of mental health crisis services
 - b. SACK adds medical detoxification and expands capacity

COMCARE of Sedgwick County is the largest Certified Community Behavioral Health Center (CCBHC) in Kansas serving more than 19,000 residents annually with mental health and behavioral health services. COMCARE provides care accessible to all Sedgwick County residents, accepting self-pay, private insurance, Medicaid, Medicare, and a sliding scale based on individual financial need (Sedgwick County. n.d.). Within COMCARE, current services include (but are not limited to) observation, stabilization, and mobile crisis response. In 2026, with the opening of a new facility in Wichita, COMCARE plans to expand its observation and stabilization capacity.

The **Substance Abuse Center of Kansas (SACK)** is the primary local provider of comprehensive substance use disorder services, offering treatment, case management, and prevention. Founded in 1995, SACK is a non-profit organization that currently offers sobering units and social detoxification (a non-medical approach to withdrawal management, where no medications can be provided) at no cost for uninsured clients or those unable to pay. Medical detoxification is a clinically supervised process, in which medications and medical care can be provided, which can improve early recovery outcomes. In fact, patients who undergo medical detox and ongoing treatment demonstrate better long-term results, including reduced relapse, improved employment, and housing stability (Sherrick, R. 2024). In 2026, SACK hopes to add medical detoxification services in Wichita and expand bed capacity from 15 to 24. At that time, it will be the only facility in the region providing medical detox for uninsured patients.

COMCARE and SACK operate the only co-located facility in south-central Kansas where clients can receive care for substance use disorder and mental illness simultaneously.

Methods

In May 2024, teams from COMCARE, SACK, and KUSM-W began outlining the scope of the project and jointly developed a data collection tool to address the four research objectives. In December 2024, KUSM-W distributed the data collection tool to the financial teams at COMCARE and SACK to address the questions. In January 2025, KUSM-W distributed a revised tool via email to community partners including, Sedgwick County Emergency Medical Services (EMS), the Sedgwick County Sheriff's Office, the Wichita Police Department, and Ascension Via Christi St. Joseph, the primary local hospital providing mental health crisis services.

The requested data were not readily available from partners, and KUSM-W conducted meetings as needed to identify usable information to address the research objectives. Multiple requests and several rounds of follow up questions were posed, and by August 2025, sufficient data had been collected from all partners to begin analysis.

Cost-Avoidance Analysis

An expert in comparative health economic evaluations used all collected data to estimate costs avoided by, or diverted from, other community providers for mental health and SUD crises treated with specific COMCARE/SACK services (COMCARE Crisis Center observation and stabilization beds and Mobile Crisis Unit, and SACK detoxification/sobering beds). Cost-avoidance, or cost diversion, analysis is useful for estimating soft savings rather than reductions in spending, so the outcome represents economic value of a good or service rather than a decrease in overall spending. The perspective of this analysis is the other community vendors of crisis services that were surveyed.

The cost-avoidance analysis uses the average per-encounter cost of a mental health or substance use disorder crisis treatment provided by each entity to represent the cost diversion associated with the encounter being managed solely (not resulting in referral to the other service providers) by COMCARE or SACK. The numbers of each type of encounter treated successfully by COMCARE or SACK in 2023 were provided directly by COMCARE/SACK. Simple assumptions about treatment pathways in the absence of COMCARE and SACK were applied to estimate the total diverted costs for these patients.

To estimate cost diversion associated with expansion of services, the additional number of encounters in a year with pre-defined expanded capacity, assuming a stable rate of service use from 2023, was calculated, and the same per-episode costs per entity from 2023 were applied. Total diverted and saved 2026 costs are reported after applying the published United States Consumer Price Index for All Urban Consumers (CPI-U) 2023-2026 inflation rates to the 2023 costs. The tables show all costs in 2023 USD to facilitate comparison and comprehension of the calculations involved.

Calculation of costs diverted from other entities due to availability of COMCARE/SACK in a year was based on the formula

$$\text{Total Cost Diversion} = OAC \cdot n \cdot [\text{Pr}(\text{success})],$$

where OAC represents the average cost to other (non-COMCARE/SACK) entities of treating a crisis episode, n equals the total number of episodes COMCARE/SACK treated or predicted to treat, and $\text{Pr}(\text{success})$ equals the “successfully treated” proportion of episodes treated or predicted to treat solely by COMCARE/SACK (those not referred to the other entities for further treatment).

The Total Cost Diversion calculation ignores treatment costs to COMCARE/SACK, as it strictly represents the averted costs to other entities for episodes fully treated by COMCARE/SACK, i.e., the costs to the other entities had they treated these episodes in the absence of COMCARE/SACK (assuming no capacity restrictions that would prevent this possibility, which may be unrealistic). It excludes the fraction of episodes that initiated treatment at COMCARE/SACK but completed care with other treating entities, because it is impossible to know whether these episodes would cost the other entities less on average (due to partial treatment provided by COMCARE/SACK), or more than average (due to being more complicated cases).

Cost-Savings Analysis

COMCARE and SACK may provide mental health and SUD crisis treatment at lower costs than other community partners. To assess and quantify this, we compared estimated costs of all mental health and SUD crisis treatment provided via the same specified services at COMCARE/SACK with estimated costs of treating these episodes via the other community partners. These cost differences represent estimated economic savings to society associated with the COMCARE and SACK services.

Calculation of **cost savings to society** due to treatment of mental health/SUD episodes by COMCARE/SACK in a year is based on the formula

$$\text{TotSocSavings} = \text{TotDiversion} - (CAC * n),$$

where CAC equals the average cost to COMCARE/SACK for providing one episode of care, so that $(CAC * n)$ represents the operating costs to COMCARE/SACK for the full year of services, including the portion who completed the episode of care with other providers.

Cost savings to society per episode due to COMCARE/SACK services can then be calculated as

$$\text{Societal cost savings per episode} = \frac{\text{TotSocSavings}}{n}.$$

Results

Research Objective 1a: Estimate the 2023 Costs Avoided for Community Partners and Cost Savings to Society Due to Three COMCARE Crisis Services

Number and Cost of Mental Health Crises Treated by COMCARE in 2023

Description

In 2023, COMCARE offered three crisis services that underwent evaluation for this project: **observation** and **stabilization** units (here referred to together as the COMCARE Crisis Center, or CCC) as well as a **mobile crisis** unit (MCU).

To address the research objectives, it was necessary to estimate the number of encounters for these services, along with the cost per encounter to COMCARE and to each of the other providers offering mental health crisis support (Sedgwick County EMS, the Sedgwick County Sheriff's Office, the Wichita Police Department, and Ascension Via Christi St. Joseph).

Quantifying Mental Health Crisis Service Episodes at COMCARE CCC/MCU in 2023

Observation beds at CCC are intended for assessment and observation of clients in crisis as an alternative to inpatient care, with stays up to 23 hours. Clients who do not stabilize within 23 hours in an observation bed transfer to a CCC stabilization bed. In 2023, CCC had six observation beds, there were **511 admissions for observation**, and the average length of stay was 0.87 days.

Stabilization beds at CCC are for acute, high-risk crisis clients requiring longer-term care, after observation. In 2023, CCC had six stabilization beds, there were **125 admissions for stabilization** (transfers from observation), and the average length of stay was 6.81 days.

The Mobile Crisis Unit at COMCARE is provided to those experiencing mental health crises, with the goal to de-escalate and resolve immediate crises for the individual to stabilize, remain in the community, and get connected to ongoing mental health care when appropriate. In 2023, COMCARE reported the MCU had **906** mental health encounters, 81% (n=734) of which, required no further intervention (Sedgwick County, 2024).

Defining “Success” by Discharge Disposition

Discharge disposition data (percent resolved vs. transferred to inpatient care) were not available for CCC observation or stabilization beds. COMCARE defined “success” as cases requiring no further intervention and reported 81% success for its Mobile Crisis Unit in 2023. While CCC’s Observation and Stabilization units provide longer-term care than the MCU, and therefore may be more successful, this analysis assumes 80% success in avoiding inpatient hospitalization or jail with use of CCC services. This assumption is likely a conservative estimate, as clients in stabilization beds often remain beyond the standard 72-hour treatment period, with extensions granted as needed to support continuity of care.

Estimated Number of Episodes Diverted to COMCARE CCC/MCU for Mental Health Crisis Care in 2023

- Of the 511 CCC admissions, we estimate that 80% avoided further intervention, or **409** were successfully treated client encounters.
- The MCU successfully treated **734 client encounters**.
- In total, $409 + 734 = \mathbf{1143}$ episodes of acute emergent mental health care were provided by COMCARE in 2023 without need for further intervention. In other words, the costs of care for 1143 mental health crises were completely diverted from other community providers to COMCARE.

Estimated Cost of Mental Health Crisis Care Provided by COMCARE CCC/MCU in 2023

- COMCARE states their actual daily cost of running both **stabilization** and **observation** CCC units (wages for worked hours plus average daily cost of contractuels and commodities) was \$1,144, or an annual cost of **\$417,846**. The CCC had **511 admissions**. The average per-patient cost in 2023 was therefore **\$818** ($\$417,848 / 511$).
- COMCARE’s **Mobile Crisis Unit** responded to approximately **906 client encounters** at a daily cost of \$3,961, or an annual cost of **\$1,446,755**. At an average 2.48 encounters each day ($906/365.25$), we estimate the cost per encounter to be **\$1,597** ($\$3,961 / 2.48$).
- This sums to **1,417** mental health encounters costing **\$1,864,601**, or **~ \$1,316** per mental health episode treated.

Table 1: COMCARE 2023 Costs for Mental Health Crisis Treatment

COMCARE Unit	Total Cost	Number of Episodes	Average Cost/Episode
CCC Beds	\$417,846	511	\$818
MCU	\$1,446,755	906	\$1,597
Total	\$1,864,601	1,417	\$1,316

CCC beds – COMCARE Crisis Center observation/stabilization beds, MCU – COMCARE Mobile Crisis Unit

Estimated Costs of Mental Health Crisis Care Provided by Others

COMCARE’s mental health crisis services likely avoided costs for other providers. Several community partners (Sedgwick County EMS, Sedgwick County Sheriff’s Office (including Sedgwick County Jail), the Wichita Police Department, and Ascension Via Christi St. Joseph Hospital) were surveyed regarding monthly patient or encounter census and costs per treatment of a mental health crisis in 2023. This section describes the data received and calculations.

Sedgwick County Sheriff’s Office

The Sedgwick County Sheriff’s Office reported 196 mental health crisis encounters in 2023. They also reported that they responded to 255 COMCARE crisis line calls and “transported 21 individuals to COMCARE Crisis instead of going to jail.” They were unable to provide costs for mental health-specific encounters; however, based on an average deputy salary of \$32.31 per hour, with two deputies dispatched and an average response time of 1.5 hours, the Sedgwick County Sheriff’s Office estimated the cost of a response at **\$96.93** per call.

Sedgwick County Jail

The Sedgwick County Jail (SCJ) reported that their “mental health staff met with inmates” 21,749 times in 2023, but it was unclear how many times per incarceration this represented. A 2009 review identified 47% of SCJ inmates as current or former mental health clients of COMCARE or the jail’s contracted medical care provider (Sedgwick County, 2010). (This may be an outdated, low estimate; a report from the U.S. Department of Justice found that 64% of jail inmates surveyed in 2011-2012 had had a serious psychological distress in the previous 30 days or had been told in the past by a mental health professional that they had a mental health disorder (Bronson & Berzofsky, 2017.)) With the reported average 38-day hold across inmates at SCJ, the 1500-cell jail would see a maximum of 14,417 holds per year. If 47% have mental health issues, that equates to 6,776 maximum holds of individuals (some presumably held more than once) with mental health needs in a year. Costs specific to this subpopulation were not available; however, SCJ reported a hold cost of \$68.33 per day, per inmate and an average length of stay of

38 days. Based on these figures, the estimated average cost of a jail stay is **\$2,597**, which we assume applies to a typical mental health crisis-related hold.

Wichita Police Department

The Wichita Police Department could not provide data on the number of mental health crisis encounters in 2023, and officers do not track time on calls. However, an estimated range of time spent on a mental health call was 30 minutes to 3 hours. The low estimate (30 minutes) may not involve transport to any facility, whereas 3 hours can encompass transport to COMCARE and/or a medical facility for mental health treatment. Two officers typically respond to these calls (either two patrol officers or an Integrated Care Team member and qualified mental health professional (ICT-1, a multi-disciplinary, co-responder COMCARE program designed to help those experience a mental health crisis) and often also a patrol officer). The pay range for a police officer is \$33.45 to \$47.27 per hour, with a mean value of \$40.36. Using the average pay range and average amount of time dedicated to a mental health crisis call (1 hour and 45 minutes) for two officers, we estimate **\$141.26** per mental health crisis encounter.

Sedgwick County Emergency Medical Services (EMS) Response and Transport

Sedgwick County EMS did not provide information on mental health crisis responses and transports. However, they reported that the prevalence and costs of mental health crisis response and transport would be the same as those for substance use response and transport, which were provided (Cost Per Response = \$346.27 and Cost Per Transport = **\$531.39**).

Ascension Via Christi St. Joseph Hospital

In 2023, Ascension Via Christi St. Joseph Hospital reported 3,484 discharges from its behavioral health nursing unit for mental health stays, with an average length of stay of 9.6 days and an average cost of **\$4,979** per encounter.

Estimated 2023 Costs Avoided by Community Partners and Cost Savings to Society for Crisis Services Offered by COMCARE (CCC Crisis Beds and Mobile Crisis Unit)

Costs Avoided by Other Providers

Individuals experiencing a mental health crisis who did not receive care through COMCARE may have instead been identified and processed through a medical or law enforcement/ judicial pathway. Because data on the probability of each possible trajectory are unavailable, we assume a simplified 50:50 split between these two pathways. Using this assumption, we estimate the costs that other entities would have incurred to serve the **1143** mental health crises addressed

completely by COMCARE, had COMCARE services not been available. For this analysis, each pathway is simplified to include one responding entity and one “treating” entity.

We assume that ~50% (n=571) of episodes served completely by COMCARE in 2023 were instead identified through a medical pathway, using services through Sedgwick County EMS and Ascension Via Christi (AVC) St. Joseph Hospital. Each EMS encounter with transportation costs **\$531.39**, and a hospital inpatient stay costs **\$4,979**.

- EMS costs avoided = $\$531.39 * 571 = \$303,424$
- AVC costs avoided = $\$4,979 * 571 = \$2,843,009$
- The total medical pathway was estimated to cost **\$3,146,433**.

We then assume that the other ~50% (n=572) of mental health crises served by COMCARE in 2023 were instead identified through a law enforcement pathway. We assume half of transports occurred through the Sedgwick County Sheriff’s Office and the other half occurred through the Wichita Police Department. As this is the law enforcement pathway, we further assume that these 572 individuals would be transported to the Sedgwick County Jail.

- Sedgwick County Sheriff’s Office costs avoided: $\$96.93 * 286 = \$27,722$
- Wichita Police Department costs avoided: $\$141.26 * 286 = \$40,400$
- Sedgwick County Jail costs avoided: $\$2,597 * 572 = \$1,485,484$
- The total law enforcement pathway was estimated to cost **\$1,553,609**.

Summing across the medical and law enforcement pathways totals **\$4,700,042 diverted costs** for mental health crisis services from community organizations to COMCARE. The average cost to a patient using either of these pathways is **\$2,716.10**.

Cost Savings to Society

In addition to diverting costs from other entities, COMCARE Crisis Center reported their per-episode costs of mental health crisis treatment were lower than the cost of treatment on the medical or legal pathways. The difference in total care cost between non-COMCARE and COMCARE pathways represents the **savings to society associated with COMCARE’s Crisis Center**.

We have already calculated that services provided by the COMCARE CCC beds and MCU cost \$1,864,601 to treat 1,417 episodes. Assuming no savings for the encounters that required treatment beyond COMCARE (a conservative assumption), the savings to society produced by provision of these services in 2023 was $\$4,700,042 - \$1,864,601 = \$2,835,441$, or **\$2,001 per episode receiving any care**.

Table 2: Costs Diverted from Other Entities and Cost Savings to Society Due to COMCARE Treating Mental Health Crises in 2023*

Entity Providing MH Crisis Care	Cost Per MH Crisis	Est. Number Encounters Diverted to Comcare, 2023	Total Cost (Cost * Number Encounters 2023)
EMS transport	\$531.39	571	\$303,424
AVC St. Joseph (inpatient MH stay)	\$4,979	571	\$2,843,009
Total Medical Pathway	\$5,510.39	571	\$3,146,433
Sheriff	\$96.93	286	\$27,722
WPD	\$141.26	286	\$40,400
Jail	\$2,597	572	\$1,485,484
Total Law Enforcement Pathway (50:50 Sheriff:WPD transport)	\$2,716.10	1143	\$1,553,609
Medical and LE Providers (costs diverted from)	\$4,113.24	1,143 (treated completely at COMCARE)	\$4,700,042
COMCARE CCC beds/MCU	\$1,316	1,417 (all treated at COMCARE)	\$1,864,601
Difference (societal savings)**	\$2,001		\$2,835,441

AVC – Ascension Via Christi St. Joseph Hospital, CCC – COMCARE Crisis Center, EMS – Emergency Medical Services, MCU – COMCARE Mobile Crisis Unit, MH – mental health, WPD – Wichita Police Department

*Slight differences in calculations are due to rounding.

**The per-episode societal savings are not the difference between per-episode costs to other services versus per-episode costs to COMCARE because episodes treated by both COMCARE and other entities are removed from the cost diversion calculation, as it is unknown whether they reduce or increase costs to other entities after transfer from COMCARE. However, complete operating costs to COMCARE included all treated episodes, so the denominators (number of episodes represented by the total diverted and total operating costs) are different. Overall societal savings = diverted costs – COMCARE total costs. Therefore, societal savings per episode = overall societal savings / total episodes treated by COMCARE (\$2,835,270 / 1,417).

Research Objective 1b: Estimate the 2023 Costs Avoided for Community Partners and Cost Savings to Society Due to SACK Detox/Sobering Services

Number and Cost of Detox/Sobering Episodes Treated by SACK in 2023

Description

The Substance Abuse Center of Kansas (SACK) is a not-for-profit organization that specializes in the treatment and case management of individuals affected by substance use disorder. A key crisis service offered by SACK is the detoxification and sobering service that is offered at no cost to Kansas residents. Individuals often begin their recovery journey at SACK's Detox and Sobering Unit, which is designed to assist with the dangers associated with withdrawal and detoxification.

Those eligible for social detox do not have severe symptoms, have a blood alcohol content of less than 0.3, and have no complex conditions requiring medical treatment. SACK clients receive close monitoring, a referral for medical intervention if needed, sobering support, discharge planning and assistance, and assessment of needs for continuing their recovery journey after discharge. Patients typically spend three to five days in one of 15 facility sobering beds. After detox, patients may transfer to partial hospitalization or residential or inpatient treatment, receive intensive outpatient rehabilitation, or some combination of these.

Quantifying Detox/Sobering Service Episodes at SACK in 2023

To address the second research objective, it was necessary to estimate the number of client encounters receiving social detoxification services at SACK in 2023, along with the associated costs to SACK and the costs to other providers for offering similar substance use crisis support (Sedgwick County EMS, the Sedgwick County Sheriff's Office, Sedgwick County Jail, the Wichita Police Department, and Ascension Via Christi St. Joseph). In 2023, SACK provided an average monthly census of 73.58, or about **883** individual detox/sobering episodes, with an average social detox length of stay of 3.5 days.

Estimated Number of Episodes Diverted to SACK for SUD Detox/Sobering Care in 2023

While SACK did not provide rates of transfers to other providers from sobering/detox, to parallel the mental health analysis, we assumed 80% of SACK patients do not require medical or law enforcement intervention. This aligns with the exclusion criteria for social detox at SACK: admitted patients are screened for risk of needing medical treatment, but some must be transferred to a clinical setting to receive withdrawal management medication. **706** of the 883 detox episodes in 2023 are therefore assumed to not require further intervention by non-SACK providers.

Costs to SACK for Detox/Sobering Care in 2023

SACK reported in summer 2025 that their current annual cost for social detox was \$617,307, and average cost per client-day based on the previous year's admissions was about \$295.22. They cited an average 3.5-day length of stay for clients. Per-client average costs in 2023 were therefore estimated as $\$295.22 * 3.5 = \textbf{\$1,033}$.

Estimated Costs of Substance Use Crisis Care Provided by Others

Note: We did not require other entities surveyed to parse services for SUD crisis to consider only detox/sobering services, so costs here represent any treatment or encounter for an SUD crisis. We assume that inpatient treatment at AVC for SUD reflects medically managed detox/sobering, but this is unclear. Incarceration in jail may involve provision of MAT and other recovery support services, but detox services were not described. Future reports should attempt to specify detox/sobering service costs to other entities, if comparing with SACK detox/sobering service provision. For the purposes of this report, we assume all service pathways (SACK, medical pathway, law enforcement pathway) are absorbing costs for some kind of SUD crisis response.

Sedgwick County Emergency Medical Services (EMS) Response and Transport

EMS reported **3,238 SUD-related encounters** in 2023, and an average (reason-agnostic) encounter cost of **\$346.27**. Therefore, we estimate that the 3,238 SUD encounters cost Sedgwick County EMS **\$1,121,222**. EMS also provided **\$531.39** as the average cost for an encounter that involved transportation, which we applied in the cost-diversion analysis as part of the cost associated with the medical pathway leading to inpatient psychiatric care.

Ascension Via Christi St. Joseph Hospital

For 2023, Ascension Via Christi St. Joseph Hospital (AVC) reported **66** behavioral health unit discharges for substance abuse at an average cost of **\$3,721**. Average length of stay for SUD was 6.4 days. We therefore estimate \$245,586 for total SUD treatment costs to AVC in 2024.

Sedgwick County Sheriff's Office

The Sedgwick County Sheriff's Office provided the number of encounters involving **alcohol (248)** but could not provide data on the number of other substance use crisis encounters in 2023. However, based on an average deputy salary of \$32.31 per hour, with two deputies dispatched and an average response time of 1.5 hours, the Sedgwick County Sheriff's Office estimated the cost of a response at **\$96.93** per call.

Wichita Police Department

The Wichita Police Department provided data showing 2,307 cases for substance-related charges in 2023 but could not provide substance use crisis numbers. Officers do not track time on calls;

however, an estimated amount of time spent on a substance use-related call was 30 minutes to one hour. Two officers typically respond to these calls. The pay range for a police officer is \$33.45 to \$47.27 per hour, with a mean value of \$40.36. Using this average pay rate and average amount of time dedicated to a substance use crisis call (45 minutes) for two officers, we estimate **\$60.54** per substance use crisis encounter.

Sedgwick County Jail

The Sedgwick County Jail provided data indicating 6,121 drug-related encounters in 2023; however, many of these represent a single event with multiple substances involved, and they did not provide the number of unique substance use crisis encounters. The jail reported an average hold cost of \$68.33 per day, per inmate, and an average length of stay of 38 days across all inmates. Based on these figures, the estimated average cost of a jail stay is **\$2,597**, which we assume applies to a typical substance use-related hold. The jail also cited a \$10/encounter cost for medical detox, but not the number of medical detox encounters.

Estimated 2023 Costs Avoided by Community Partners and Cost Savings to Society for Detox/Sobering Services Offered by SACK

Costs Avoided by Other Providers

Individuals experiencing a substance use crisis in the absence of SACK services may have instead been identified and processed through a medical or law enforcement/ judicial pathway. Because data on the probability of each possible trajectory are unavailable, we assume a simplified 50:50 split between these two pathways. Using this assumption, we estimate the costs that other entities would have incurred to serve the **706** individuals with substance use crises addressed completely by SACK, had SACK services not been available. For this analysis, each pathway is simplified to include one responding entity and one “treating” entity.

We assume that 50% (n=353) of clients who were served by SACK social detoxification in 2023 were instead identified through a medical pathway, using services through Sedgwick County EMS and Ascension Via Christi (AVC) St. Joseph Hospital. Each EMS encounter with transportation costs **\$531.39**, and a hospital inpatient stay costs **\$3,721**.

- EMS costs avoided = $\$531.39 * 353 = \$187,581$
- AVC costs avoided = $\$3,721 * 353 = \$1,313,513$
- The total medical pathway was estimated to cost **\$1,501,094**.

We then assume that the other 50% (n=353) of individuals who were served by SACK social detoxification in 2023 were instead identified through a law enforcement pathway. We assume

half of transports occurred through the Sedgwick County Sheriff's Office (n=176.5) and the other half occurred through the Wichita Police Department (n=176.5). As this is the law enforcement pathway, we assume these 353 individuals would be delivered to the Sedgwick County Jail.

- Sedgwick County Sheriff's Office costs avoided: $\$96.93 * 176.5 = \$17,108$
- Wichita Police Department costs avoided: $\$60.54 * 176.5 = \$10,685$
- Sedgwick County Jail costs avoided: $\$2,597 * 353 = \$916,741$
- The total law enforcement pathway was estimated to cost **\$944,534**.

Combining the medical and law enforcement pathways sums to **\$2,445,628 avoided** in substance crisis services from community organizations for an average of **\$3,464 per episode**.

Cost Savings to Society

The societal cost savings, represented by the cost diversion minus the total costs to SACK for social detox, was **\$1,478,011**, or **\$1,684** per episode receiving any detox care at SACK.

Table 3: Costs Diverted from Other Entities and Cost Savings to Society Due to SACK Social Detox Services in 2023*

Entity Providing Detox	Cost per Detox	Est. Number Encounters Avoided due to SACK, 2023	Total Cost (Cost * Number Encounters 2023)
EMS transport	\$531.39	353	\$187,581
AVC St. Joseph (inpt SUD)	\$3,721	353	\$1,313,513
Total Medical Pathway	\$4,252.39	353	\$1,501,094
Sheriff	\$96.93	353/2	\$16,944
WPD	\$60.54	353/2	\$10,685
Jail	\$2,597	353	\$916,741
Total Law Enforcement Pathway (50:50 Sheriff:WPD transport)	\$2,675.74	353	\$944,534
Medical and LE Providers (costs diverted from)	\$3,464	706 (detoxed completely at SACK)	\$2,445,628
SACK sobering/detox beds (100% social detox)	\$1,033	883 (any detox at SACK)	\$958,617
Difference (societal savings)**	\$1,684		\$1,487,011

AVC – Ascension Via Christi St. Joseph Hospital, EMS – Emergency Medical Services, WPD – Wichita Police Department, SACK – Substance Abuse Center of Kansas, SUD – substance use disorder

*Slight differences in calculations are due to rounding.

**The per-episode societal savings are not the difference between per-episode costs to other services versus per-episode costs to SACK because episodes treated by both SACK and other entities are removed from the cost diversion calculation, as it is unknown whether they reduce or increase costs to other entities after transfer from SACK. However, complete operating costs to SACK included all treated episodes, so the denominators (number of episodes represented by the total diverted and total operating costs) are different. Overall societal savings = diverted costs – SACK total costs. Therefore, societal savings per episode = overall societal savings / total episodes treated by SACK (\$1,478,011/883).

Research Objective 2a: Estimate the Costs Avoided for Community Partners and Cost Savings to Society Due to Expansion of Three COMCARE Crisis Services in 2026

Number and Cost of Mental Health Crises Projected to be Treated by COMCARE in 2026

Description

In 2023, CCC had six beds for observation and six beds for stabilization. COMCARE is proposing to increase capacity of mental health crisis services in 2026 to include two additional beds for observation and seven additional beds for stabilization, for a total of nine *additional* beds and total 21 beds for observation and stabilization. If needed, these 21 beds may be shared between observation and stabilization.

Quantifying Effects of Expansion on Number of Treated Mental Health Episodes

To estimate the expected number of patients who will be treated in 2026 (with the additional beds), the fill rate for observation beds in 2023 (actual number of encounters/maximum number of encounters, using the average encounter length of stay provided by COMCARE) was applied to the maximum number of encounters possible with the additional beds. This method assumes that the overall annual fill rate will be the same in 2026 as in 2023.

In 2023, 511 admissions to the CCC observation beds occurred. With 6 observation beds at the time, and LOS of 0.87 days, the maximum number of clients was $6 \text{ beds} * 365.25 \text{ days} / 0.87 = 2,519$. The CCC therefore treated at ~20% of its actual capacity ($511 \text{ actual} / 2,519 \text{ possible clients} = 20.3\%$).

If 2 beds are added to the observation unit in 2026 (for a total of 8), this reflects a 1/3 increase in capacity. Assuming no changes in either the LOS or the fill rate, we can estimate a 1/3 increase to **681** mental health episodes expected to be treated by the CCC in 2026, or an additional **170**. We assumed again that 80% of the 681, or **545, will need no further treatment**.

Because the stabilization beds can be used as observation beds, this is a low estimate of the increase in treatment at the CCC. Additionally, expanding the stabilization beds from 6 to 13 will likely prevent some transfers to inpatient treatment among observation bed patients at high-traffic times, which may increase the percentage of bed users overall who need no further care.

MCU

The Mobile Crisis Unit is not anticipating additional capacity or expansion in 2026, so we assumed the same **906** treated (**734 without need for further services**) for the cost calculations.

COMCARE, therefore is projected to treat $681 + 906 = 1,587$ mental health crises in 2026, **1,279** of them without need for further treatment in an inpatient or law enforcement setting.

Costs to COMCARE for Treating Mental Health Crises in 2026

We have established that the 2023 cost per episode treated by COMCARE CCC or MCU averaged \$1,316. Applying this to the 1,587 expected episodes after expansion in 2026 results in an estimated cost of **\$2,088,492** for providing these services.

The cost of implementation of the expansion was not included in these calculations.

Projected 2026 Costs Avoided by Community Partners and Cost Savings to Society for Expanded Crisis Services Offered by COMCARE (CCC crisis beds and Mobile Crisis Unit)

Costs Avoided by Other Providers

Individuals experiencing a mental health crisis who did not receive care through COMCARE may have instead been identified and processed through a medical or law enforcement/ judicial pathway. Because data on the probability of each possible trajectory are unavailable, we assume a simplified 50:50 split between these two pathways. Using this assumption, we estimate the costs that other entities would have incurred to serve the **1,279** mental health crises addressed completely by COMCARE Crisis, had COMCARE services not been available. For this analysis, each pathway is simplified to include one responding entity and one “treating” entity.

We assume that ~50% (n=**639**) of episodes expected to be served completely by COMCARE Crisis in 2026 in its absence would instead be identified through a medical pathway, using services through Sedgwick County EMS and AVC St. Joseph Hospital. Each EMS encounter with transportation costs **\$531.39**, and a hospital inpatient stay costs **\$4,979**.

- EMS costs avoided = $\$531.39 * 639 = \$339,558$
- AVC costs avoided = $\$4,979 * 639 = \$3,181,581$

The total medical pathway was estimated to cost **\$3,521,139**.

We then assume that the other ~50% (n=**640**) of mental health crises expected to be served completely by COMCARE Crisis in 2026 were instead identified through a law enforcement pathway. We assume half of transports occurred through the Sedgwick County Sheriff’s Office and the other half occurred through the Wichita Police Department. As this is the law enforcement pathway, we further assume that these 640 individuals would be transported to the Sedgwick County Jail.

- Sedgwick County Sheriff's Office costs avoided: $\$96.93 * 320 = \$31,018$
- Wichita Police Department costs avoided: $\$141.26 * 320 = \$45,203$
- Sedgwick County Jail costs avoided: $\$2,597 * 640 = \$1,662,080$

The total law enforcement pathway was estimated to cost **\$1,738,301**.

With both the medical and law enforcement pathways, in total, this accounts for a total of **\$5,663,786** (\$5,259,440 inflated to 2026 dollars) **in diverted costs** for mental health crisis services from community organizations absorbed instead by COMCARE.

Cost Savings to Society

In addition to diverting costs from other entities, COMCARE reported their per-episode costs of mental health crisis treatment were lower than the cost of treatment on the medical or legal pathways. The difference in total care cost between non-COMCARE and COMCARE pathways represents the **savings to society associated with COMCARE's mental health crisis services**.

We have already calculated that services predicted to be provided by the COMCARE CCC beds and MCU after the 2026 expansion will cost **\$2,088,492** and treat **1,587** episodes. Assuming no savings for the encounters that required treatment beyond COMCARE (a conservative assumption), the **savings to society** produced by provision of these services in 2026 is estimated to be $\$5,259,440 - \$2,088,492 = \$3,170,948$ (\$1,998 per episode) in 2023 US dollars, or **\$3,414,730 (\$2,152 per episode)** in 2026 dollars.

Table 4: Projected Costs (in 2023 USD) Diverted from Other Entities and Cost Savings to Society Due to COMCARE Expanding Services for Mental Health Crises in 2026*

Entity Providing MH Crisis Care	Cost per MH Crisis	Est. Number Encounters Diverted to Comcare, 2026	Total Cost (Cost * Number Encounters 2026)
EMS transport	\$531.39	639	\$339,558
AVC St. Joseph (Inpt MH)	\$4,979	639	\$3,181,581
Total Medical Pathway	\$5,510.39	639	\$3,521,139
Sheriff	\$96.93	320	\$31,018
WPD	\$141.26	320	\$45,203
Jail	\$2,597	640	\$1,662,080
Total Law Enforcement Pathway (50:50 Sheriff:WPD transport)	\$2,716.10	640	\$1,738,301
Medical and LE Providers (costs diverted from, for	\$4,113.24	1,279	\$5,259,440

those treated completely by COMCARE)			
COMCARE CCC beds/MCU	\$1,316	1,587	\$2,088,492
Difference (societal savings)**	\$1,998		\$3,170,948

AVC – Ascension Via Christi St. Joseph Hospital, CCC – COMCARE Crisis Center, EMS – Emergency Medical Services, MCU – COMCARE Mobile Crisis Unit, MH – mental health, WPD – Wichita Police Department

**Slight differences in calculations are due to rounding.*

***The per-episode societal savings are not the difference between per-episode costs to other services versus per-episode costs to COMCARE because episodes treated by both COMCARE and other entities are removed from the cost diversion calculation, as it is unknown whether they reduce or increase costs to other entities after transfer from COMCARE. However, complete operating costs to COMCARE included all treated episodes, so the denominators (number of episodes represented by the total diverted and total operating costs) are different. Overall societal savings = diverted costs – COMCARE total costs. Therefore, societal savings per episode = overall societal savings / total episodes treated by COMCARE (\$3,170,948 / 1,587).*

Research Objective 2b: Estimate the Costs Avoided for Community Partners and Cost Savings to Society Due to Expansion of SACK Detox Services in 2026

Number and Cost of Detox/Sobering Episodes Projected to be Treated by SACK in 2026

Description

In 2026, SACK, co-located with COMCARE in a new facility, intends to increase capacity by adding nine beds, for a total of 24 in 2026. Also in 2026, SACK plans to begin providing medical detox services in addition to social detox.

Medical detox will transform the SUD treatment landscape at SACK and in its catchment area. When SACK adds medical detox, it will be the only facility that provides medical detox to uninsured patients. Currently, providers who offer medical detox require patients to have private insurance, Medicaid, or pay cash, typically at a minimum of \$6,500. Additionally, this is the only facility in south-central Kansas that is co-located with a CCBHC (COMCARE), allowing for clients to address both their mental health and SUD concerns at the same time. SACK provided an average length of stay for social detox of 3.5, and states that medical detox LOS will be on average 5 days.

Currently, patients in SACK's social detox and sobering program are provided close withdrawal monitoring and are referred out if medical treatment is needed. With medical detox available, these patients will be able to remain on campus and receive medical care for dangerous withdrawal symptoms, and patients may elect to initiate medical detox immediately if it is available. Furthermore, more individuals will be able to be admitted to the unit because it will be able to accept those with BAC over 0.3, who are currently ineligible for social detox. Medical detox will also allow more admissions for substances such as benzodiazepines and opioids, particularly fentanyl, that are more safely handled medically. Medical support for withdrawal effects and earlier initiation of medically assisted treatment are likely to improve retention and success of the detoxification/sobering process and facilitate linkage to longer-term SUD recovery support.

Because the expansion of SACK services includes both additional capacity and a new service (medical detox) that both increases duration of stay and may also increase demand, estimating the impact of both expansions requires accounting for the interaction of these factors on expected additional patients to be treated in the detox unit.

Quantifying Effect of Addition of Detox/Sobering Beds on Number Able to Treat at SACK

To estimate the expected number of patients who will be treated in 2026 (with the additional beds), the fill rate for observation beds in 2023 (actual number of encounters/maximum number of encounters, using the average encounter length of stay provided by SACK) was applied to the maximum number of encounters possible with the additional beds. This method assumes that the overall annual fill rate will be the same in 2026 as in 2023.

In 2023, 883 admissions to SACK sobering/detox beds occurred. With 15 observation beds at the time, and LOS of 3.5 days, the maximum number of clients was $15 \text{ beds} * 365.25 \text{ days} / 3.5 = 1,565$. SACK therefore averaged at a fill rate of ~56% of its actual capacity ($883 \text{ actual} / 1,565 \text{ possible clients} = 56.4\%$).

If 9 beds are added to the observation unit in 2026 (for a total of 24), this reflects a 62.5% increase in capacity. However, we cannot simply increase the 1,565 social detox clients by 62.5% to estimate total clients, due to the simultaneous addition of medical detox services. Because medical detox is expected to take an average 5-day LOS, including it requires additional calculations.

Quantifying Effects of the Addition of Medical Detox on Number Able to Treat at SACK

SACK estimates they receive an average of three calls a day on individuals seeking medical detox services, but it is unknown what proportion of their intakes will accept, receive, and complete medical detox at SACK. Calculation of the effect of medical detox availability on number expected to treat therefore requires a number of assumptions.

Over what we assume is a reasonable range for the percent of clients expected to receive medical detox (between 33% and 75%), we varied the effect of this percentage on number of total and additional expected patients, based on the LOS for social and medical detox, over the 24 beds. Additionally, the demand for medical detox SACK anticipates is likely to increase the bed fill rate. We therefore also varied the fill rate from 56% (as in 2023) to 80%.

We showed before that the maximum number of clients in a year receiving social detox for 3.5 days, with 15 beds available, was 1,565. If we use the same calculations (beds*days in year/LOS) for social detox patients (LOS 3.5), but over 24 beds ($24 * 365.25 / 3.5$), we get a maximum of 2,505 social detox clients. In parallel, if we apply the same equation to the 24 beds but assume the 5-day LOS for all of them (as would be the case for 100% medical detox clients), we get a maximum of 1,753 medical detox patients. We can then estimate an expected number of clients over a range of fill rates by multiplying these maximums for each type of detox by the fill rate.

Table 5. Expected Counts of 100% Social or 100% Medical Detox Patients at SACK by Fill Rate

Fill Rate	Expected Count if 100% Social Detox	Expected Count if 100% Medical Detox
56%	1,403	982
60%	1,503	1,052
70%	1,753	1,227
80%	2,004	1,403

For example, at a 60% fill rate, we can estimate $60\% * 2,505 = 1,503$ for social detox-only, and $60\% * 1,753 = 1,052$ for medical detox-only.

Then, to estimate the count if a mixture of social detox and medical detox patients are using the beds, we calculate the average of the 100% medical and 100% social counts, weighted by the proportion that receive medical detox:

$$\begin{aligned}
 &\textit{Total expected for fill rate} \\
 &= (\textit{max social at fill rate} * (1 - \textit{percent medical})) \\
 &+ (\textit{max medical at fill rate} * \textit{percent medical}).
 \end{aligned}$$

For example, at a 60% fill rate with 66% receiving medical detox, we calculate $(1,503 * (1 - 66\%)) + (1,052 * 66\%) = 1,205$. This value populates Table 6a, below, where fill rate = 60% and % Receiving Medical Detox = 66%.

Table 6a shows the expected total and additional detox admissions (beyond the 883 episodes in 2023) for 2026 associated with various capacity ratios (fill rates) by proportion of patients receiving medical detox.

Table 6. Total Detox Cases Expected to be Treated at SACK in 2026 with Bed Expansion and Addition of Medical Detox, by Fill Rate and Percentage Using Medical Detox (Versus Social Detox)

Fill Rate	% Receiving Medical Detox			
	33%	50%	66%	75%
56%	1273	1201	1133	1095
60%	1354	1277	1205	1165
70%	1580	1490	1406	1359
80%	1805	1703	1607	1553

Costs to SACK for Treating SUD Crises in 2026

SACK estimated that treatment with medical detox would cost about \$779.91 per client day. Using the reported average 5-day LOS, we calculate an expected cost of **\$3,900** per client receiving medical detox. As reported in section 1b, the cost of one social detox patient was estimated to be \$1,033.

SACK did not provide an expected percentage of future clients using medical versus social detox. We applied costs according to detox type to table 6a to provide a range of possible total costs of treatment to SACK.

Table 7. Projected Costs to SACK for Detox Cases Expected to be Treated in 2026 with Bed Expansion and Addition of Medical Detox, by Bed Fill Rate and Percentage Using Medical Detox (Versus Social Detox)

Fill Rate	% Receiving Medical Detox			
	33%	50%	66%	75%
56%	\$2,501,014	\$2,940,502	\$3,290,443	\$3,460,142
60%	\$2,679,658	\$3,150,538	\$3,525,474	\$3,707,295
70%	\$3,126,268	\$3,675,628	\$4,113,054	\$4,325,177
80%	\$3,572,878	\$4,200,717	\$4,700,633	\$4,943,060

The total treatment costs projected for 2026 ranged from \$2.5 to \$4.9 million in USD 2023 to treat 1,273 to 1,553 individuals in our scenarios. Costs for implementation of the expansion was not included in these calculations.

Costs for Medical Detox in the Absence of SACK

Medical detox differs from social detox in cost, but because we do not have data on number of SUD encounters receiving social detox versus medical detox (or any detox services at all), we cannot derive medical- and social-detox-specific costs to compare with costs for the distinct services provided by SACK.

However, SACK reported that its addition of medical detox services will make it the only facility in the area that provides this service to uninsured patients. Further, they explained, “Currently the providers that do medical detox only do so if an individual has private insurance, Medicaid, or is able to pay cash which is typically at a minimum \$6,500.” AVC reported an insurance group for 39 of its 66 SUD admissions in 2023; of these, 22 were self-pay, suggesting low utilization of medical detox at AVC, given the average cost of \$3,721 cited by AVC for an SUD-related stay. (The jail did not track insurance status or detox utilization counts, but did report the cost of medical detox to individuals was \$10 per encounter.) A vast majority of SACK clients with reported insurance status in the 2023 data were uninsured.

Because it is impossible to know what treatments specifically were in 2023 or are likely in 2026 to be provided by non-SACK entities, for simplicity, we will assume in the cost avoidance calculation that the same percentage of SACK clients projected to receive medical detox would otherwise pay the minimum out-of-pocket cost of \$6,500 for the same service received elsewhere.

Projected Cost Avoidance and Societal Savings if SACK Expands Services in 2026

Costs Avoided by Other Providers

Individuals experiencing an SUD crisis in the absence of SACK detox services may instead be identified and processed through a medical or law enforcement/ judicial pathway.

Because data on the probability of each possible trajectory are unavailable, we assume a simplified ~50:50 split between these two pathways. Using this assumption, we estimate the costs that other entities would have incurred to serve the individuals with detox needs addressed completely by SACK, had SACK services not been available. For this analysis, each pathway is simplified to include one responding entity and one “treating” entity.

As with the previous cost-avoidance analyses, we assume 80% of episodes of SUD treated with SACK detox/sobering do not require any further detox treatment (i.e., we assume that 20% of SACK detox clients need to be referred out to medical treatment or require law enforcement management). We assume that ~50% of detox episodes expected to be served completely by SACK in 2026 in its absence would instead be identified through a medical pathway, using services through Sedgwick County EMS and AVC St. Joseph Hospital. Each EMS encounter with transportation costs \$531.39, and a hospital inpatient stay costs \$3,721.

We then assume that the other ~50% of detox episodes expected to be served completely by SACK in 2026 were instead identified through a law enforcement pathway. We assume half of transports occurred through the Sedgwick County Sheriff’s Office (cost per encounter: \$96.93) and the other half occurred through the Wichita Police Department (cost per encounter: \$141.26). As this is the law enforcement pathway, we further assume that these individuals would be delivered transported to the Sedgwick County Jail. The Jail reported an average cost of \$2,597 per hold.

The average cost for an episode on a medical or law enforcement pathway is \$3,464. We assumed this cost to non-SACK entities for treatment with social detox. We assumed \$6,500 for the cost to non-SACK entities for treatment with medical detox. As stated before, we assume the same proportion of cases are treated with medical detox for SACK and non-SACK providers, lacking better information on use of medical vs social detox in these settings.

Tables 8a and 8b show the total cost diversion to other providers and total societal savings associated with SACK’s services, across the various scenarios of fill rate and percent medical

detox utilization, applying the 80% “success” rate to the expected number treated by SACK from Table 6. Societal savings due to SACK, shown in Table 8b, are the difference between the values in Table 8a (diverted costs for the successful subset) and the values in the corresponding cells of Table 7 (costs to SACK for all treated).

Table 8a. Projected Costs (in 2023) Diverted from Other Entities Due to SACK Expanding Services and Adding Medical Detox in 2026

Fill Rate	% Receiving Medical Detox			
	33%	50%	66%	75%
56%	\$4,514,849	\$4,751,537	\$4,920,342	\$4,992,300
60%	\$4,837,339	\$5,090,932	\$5,271,794	\$5,348,893
70%	\$5,643,562	\$5,939,421	\$6,150,427	\$6,240,375
80%	\$6,449,785	\$6,787,910	\$7,029,059	\$7,131,857

Table 8b. Projected Cost Savings to Society (in 2023) Due to SACK Expanding Services and Adding Medical Detox in 2026

Fill Rate	% Receiving Medical Detox			
	33%	50%	66%	75%
56%	\$2,013,835	\$1,811,035	\$1,629,899	\$1,532,158
60%	\$2,157,681	\$1,940,394	\$1,746,320	\$1,641,598
70%	\$2,517,294	\$2,263,793	\$2,037,373	\$1,915,198
80%	\$2,876,907	\$2,587,192	\$2,328,427	\$2,188,798

Projected costs for SUD crisis care diverted from other providers to SACK ranged from \$5.0M to \$6.4M in our scenarios, for a societal cost savings of \$1.5M to 2.9M.

After inflation to 2026 USD:

- Projected 2026 cost diversion from other providers due to expanded SACK services were **between \$5.4M and \$6.9M**
- Projected 2026 cost savings to society due to expanded SACK services were **between \$1.6M and \$3.1M.**

Table 9. Summary of Total Diversions and Savings, in Millions

RQ	Services	USD 2023		2026 USD (after 7.688% inflation)	
		Diversion	Savings	Diversion	Savings
1a	COMCARE 2023	\$4.7	\$2.8		
1b	SACK 2023	\$2.4	\$1.5		
2a	COMCARE 2026	\$5.2	\$3.2	\$5.6	\$3.4
2b	SACK 2026	\$5.0 - \$6.4	\$1.5 - \$2.9	\$5.4 - \$6.9	\$1.6 - \$3.1

Limitations

To estimate diverted costs for this evaluation, multiple simplifying assumptions were necessary.

- 1) The assumption that 80% of COMCARE bed users require no further care is based on COMCARE's ability to renew the 72-hour service blocks for stabilization bed patients as needed, and the assumption that the beds are more effective at resolving a MH crisis than the Mobile Crisis Unit, which reported that 60% of encounters required no further intervention in 2023.
- 2) The assumption that 80% of SACK bed users require no further care was made to align with the COMCARE analysis with the goal of biasing costs against, rather than for, SACK.
- 3) The assumption that people experiencing a MH event or needing detox have 3 basic trajectories (SACK/COMCARE, taking an EMS to inpatient treatment, or being taken to jail by sheriff's deputies) neglects the wide range of possible paths from crisis to treatment (or lack thereof). Realistically, a person may interact with any, all, or none of these entities during an episode of care, which may take any number of circuitous paths. Outpatient hospital and nonhospital facilities, and other community-based organizations may provide support services in addition to or instead of the entities sampled here; and police rather than sheriff's deputies respond to some proportion of law enforcement calls. Furthermore, not all MH or SUD crises require inpatient treatment or incarceration. However, we assumed all the successfully treated COMCARE and SACK patients here would have been divided evenly between the other facilities partly to simplify, partly due to very limited data, and partly to easily compare per-encounter costs to each facility.

To mitigate the effects of these broad assumptions, our savings calculations are intentionally conservative in that costs averted with service expansion at COMCARE and SACK relate only to the immediate episode of care.

Downstream cost offsets associated with successful stabilization or detox at COMCARE/SACK are out of scope for this report but are expected to be substantial. For example, medical management of symptoms may improve detox/sobering effectiveness. Completion of medical detox may be associated with longer treatment and longer stretches of sobriety (Mannelli et al., 2009). The ability to initiate MAT at SACK and provide ongoing outpatient treatment and peer support will likely help many patients bridge smoothly to rehabilitation, reducing the likelihood of “falling through the gap” (Lee et al., 2014; Nosyk et al., 2014; Savinkina et al., 2022). Clinical literature has long established the relative effectiveness and cost-effectiveness of medically assisted treatment (MAT) on opioid and use disorder.

Furthermore, this analysis is limited to particular services of interest to COMCARE and SACK (the observation and stabilization beds and mobile crisis unit at COMCARE’s Crisis Center and the detox/sobering beds at SACK) because these had been added recently or are planned for expansion. However, these institutions provide many more services and programs than the small subset evaluated here, and thus the societal value of COMCARE and SACK is far greater than the estimates calculated here. When COMCARE and SACK are co-located at a new facility, they will be well-poised to provide support for comorbid SUD and mental health services as well as for each condition independently, at even higher efficiency.

Finally, it is unknown whether expanded capacity will reduce fill rate. We assumed a stable fill rate from 2023 based on an assumption of demand precipitating the expansion.

Conclusions

This project aimed to estimate the 2023 costs avoided by community partners, and cost savings to society, for specific crisis services offered by COMCARE and SACK as well as, estimate the potential cost avoidance to community partners, and cost savings to society, in 2026 if COMCARE expands mental health capacity and services and SACK adds medical detoxification and expands capacity.

The 2023 estimated costs avoided by community partners was \$4,700,042, and the cost savings to society, for specific crisis services offered by COMCARE was \$2,835,441, or \$2,001 per episode receiving any care.

In 2026, if COMCARE expands capacity of mental health crisis services, the estimated potential cost avoidance to community partners would be \$5,259,440, and the cost savings to society

would be \$3,170,948, or \$1,998 per episode in 2023 US dollars (\$3,414,730 or \$2,152 per episode in 2026 dollars).

The 2023 estimated costs avoided by community partners was \$2,445,628, and the cost savings to society, for specific services offered by SACK was \$1,478,011, or \$1,684 per episode receiving any detox care at SACK.

In 2026, if SACK adds medical detoxification and expands capacity, the estimated potential cost avoidance to community partners would range from \$4.9M - \$6.4M, and cost savings to society, would range from \$1.5M - \$2.9M (\$1.6M – \$3.1M in 2026 USD) in our scenarios.

References

- Bronson, J., & Berzofsky, M. (2017, June). Indicators of mental health problems reported by prisoners, 2011-12. Bureau of Justice Statistics, US Department of Justice. <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>
- Lee, M. T., Horgan, C. M., Garnick, D. W., Acevedo, A., Panas, L., Ritter, G. A., Dunigan, R., Babakhanlou-Chase, H., Bidorini, A., Campbell, K., Haberlin, K., Huber, A., Lambert-Wacey, D., Leeper, T., & Reynolds, M. (2014). A performance measure for continuity of care after detoxification: Relationship with outcomes. *Journal of Substance Abuse Treatment*, 47(2), 130–139. <https://doi.org/10.1016/j.jsat.2014.04.002>
- Mannelli, P., Patkar, A. A., Peindl, K., Gorelick, D. A., Wu, L. T., & Gottheil, E. (2009). Very low dose naltrexone addition in opioid detoxification: a randomized, controlled trial. *Addiction biology*, 14(2), 204–213. <https://doi.org/10.1111/j.1369-1600.2008.00119.x>
- Nosyk, B., Li, L., Evans, E., Urada, D., Huang, D., Wood, E., Rawson, R., & Hser, Y.-I. (2014). Utilization and outcomes of detoxification and maintenance treatment for opioid dependence in publicly-funded facilities in California, USA: 1991–2012. *Drug and Alcohol Dependence*, 143, 149–157. <https://doi.org/10.1016/j.drugalcdep.2014.07.020>
- Savinkina, A., Madushani, R. W. M. A., Eftekhari Yazdi, G., Wang, J., Barocas, J. A., Morgan, J. R., Assoumou, S. A., Walley, A. Y., Linas, B. P., & Murphy, S. M. (2022). Population-level impact of initiating pharmacotherapy and linking to care people with opioid use disorder at inpatient medically managed withdrawal programs: an effectiveness and cost-effectiveness analysis. *Addiction (Abingdon, England)*, 117(9), 2450–2461. <https://doi.org/10.1111/add.15879>
- Sedgwick County. (n.d.). About COMCARE. Sedgwick County Government. Retrieved October 31, 2025, from <https://www.sedgwickcounty.org/comcare/about/>
- Sedgwick County. (2010, September). *Mentally ill jail population fact sheet*. <https://www.sedgwickcounty.org/media/29088/mentally-ill-jail-pop-fact-sheet.pdf>
- Sedgwick County. (2024, August 21). *2025 Sedgwick County adopted budget*. <https://www.sedgwickcounty.org/media/67771/2025-sedgwick-county-adopted-budget.pdf>
- Sherrick, R. (2024, July 27). The positive SDOH outcomes of long-term substance abuse treatment. Community Medical Services. <https://communitymedicalservices.org/sdoh-outcomes-of-long-term-substance-abuse-treatment/>