Mental Health Overview
Sedgwick County – Kansas
The Sedgwick County Detention Facility has 1158 beds.

On August 16, 2017:
- 1504 total inmates housed
- 260 housed out of county
Medical Statistics

- **2015**: 18 patients cost: $570,205 this included hospitalization. Fortunately we received the Medicaid rate, if we would have had to pay the regular cost the expense would have been $5.3 million.
- **2016 medical cost**: $5.6 million.
- **On average**: 1 inmate is taken to the emergency room every day.
- **From 1/1/16 to 4/30/17**, patients on psych meds totaled 4,365 (approximately 273 on psych meds per month).
Medical Statistics

- 2016: 42,000 PA and Nurse visits in the facility
  - 2200 mental health visits
  - 270 in house dental visits
  - 700 in house doctor visits
  - 450 outside doctor’s appointments
- All categories total: 45,620 office visits
- On average: an inmate sees a medical provider once every 11 days.
Mental Health

- 350 inmates or 25% of our inmate population is diagnosed with some form of mental illness.
- We are experiencing a significant increase in drug-induced mental illness.
- 400 inmates or 29% are suspected of having a mental illness.
- Approximately 1000 or 73% of all inmates have a chemical dependency.
- A vast majority with mental illness also have a duel diagnosis of chemical dependency.
Inside the facility, comprehensive mental health services include:

- An initial mental health evaluation
- Individualized treatment plans
- Brief solution focused therapy
- Group therapy sessions
- Psych education
- Medication management
- Discharge planning and case management
Inmates who are identified by medical or detention staff, who are in need of mental health care are referred to mental health professionals to determine the level of care that is needed.

An initial mental health evaluation is completed by qualified mental health professionals including master level social workers and psychologists.

A referral is made based on the outcome of the evaluation.

Those who are prescribed medications are seen for follow-up as the provider deems necessary.
Mental Health Management Detention Facility

- Those inmates who present with a need for a higher level of care are referred for placement in the mental health management unit.
- They are seen by a qualified mental health professional on a regular bases and they are seen by the psychiatric team.
- Both group therapy and activity therapy services are offered.
Inmates who present with suicidal ideations or a history of suicide attempts within the last year are placed on suicide watch and housed in the clinic.

This level of care is also used when inmates are in acute crises.

Inmates are seen daily by qualified mental health professionals who focus on assisting the inmate with returning to their baseline level of functioning.

This can include brief solution focused therapy, coping skill building and pharmaceutical intervention.
When the Mental Health Unit was formed a process was put in place with COMCARE to streamline the process when an inmate is released from custody.

This includes COMCARE completing paperwork prior to the inmate’s release and the inmate/patient being transported directly to COMCARE for treatment or to another local facility for treatment.
The reason this takes place is due to once an inmate is booked into jail the state of Kansas suspends all Medicaid/Medicare benefits and they have to re-enroll upon their release.

The state of Texas pauses the medical card up to 45 days which is a possible solution to this problem.
Number of transports of inmates/patients from January 2016 to May of 2017:

- Total transports: 549
From 1/1/16 to 4/30/17 a total of 12,467 patients/inmates were seen by the clinic.

On average 779 patients/inmates were seen per month.

The visits consisted of:

- New patient visits
- Follow up visits
- Psychiatric Nurse Visits
- MH Screens
- Special needs contacts
- Segregation rounds
- Group Therapy sessions
- Discharge planning contacts
### Mental Health Management Detention Facility

#### Larned Statistical Information

<table>
<thead>
<tr>
<th></th>
<th>Inm on Waiting List for LSSH</th>
<th>Avg Time on Wait List</th>
<th>Longest Time Currently on Wait List</th>
<th># of Inm Sent to LSSH</th>
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<tbody>
<tr>
<td>Apr–17</td>
<td>8.00</td>
<td>67.30</td>
<td>95.00</td>
<td>2.00</td>
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<td>Mar–17</td>
<td>9.00</td>
<td>55.40</td>
<td>117.00</td>
<td>3.00</td>
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<td>Feb–17</td>
<td>9.00</td>
<td>39.00</td>
<td>86.00</td>
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<tr>
<td>Jan–17</td>
<td>7.00</td>
<td>42.00</td>
<td>84.00</td>
<td>7.00</td>
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<td>Dec–16</td>
<td>10.00</td>
<td>60.00</td>
<td>111.00</td>
<td>2.00</td>
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<tr>
<td>Nov–16</td>
<td>9.00</td>
<td>57.00</td>
<td>86.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Oct–16</td>
<td>12.00</td>
<td>58.00</td>
<td>98.00</td>
<td>4.00</td>
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<tr>
<td>Sep–16</td>
<td>10.00</td>
<td>47.00</td>
<td>87.00</td>
<td>5.00</td>
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<tr>
<td>Aug–16</td>
<td>13.00</td>
<td>44.00</td>
<td>71.00</td>
<td>6.00</td>
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<tr>
<td>Jul–16</td>
<td>14.00</td>
<td>33.50</td>
<td>95.00</td>
<td>6.00</td>
</tr>
<tr>
<td>Jun–16</td>
<td>11.00</td>
<td>68.00</td>
<td>128.00</td>
<td>8.00</td>
</tr>
<tr>
<td>May–16</td>
<td>17.00</td>
<td>67.00</td>
<td>128.00</td>
<td>1.00</td>
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<tr>
<td>Avg</td>
<td>10.75</td>
<td>53.18</td>
<td>98.83</td>
<td>4.25</td>
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</table>
Calls for Service Judicial Division

- From 1/1/17 to 5/15/17 statistical information:
  - Transported to Osawatomie: 6
  - Apple Bus transports to Osawatomie: 104
  - Transported to Larned: 75
  - Civil care and treatment orders received: 729
  - Civil care and treatment orders served: 631
  - Civil care and treatment pick-up orders: 3
  - Civil care and treatment pick-up orders served: 2
Patrol Division responds to several locations in the city of Wichita that cares for mentally ill patients. Below is the number of calls for service in which a deputy responded between 1/1/17 and 5/15/17.

- 1919 N. Amidon: 49
- 1929 W. 21st North: 39
- 1969 W. 21st North: 35
- 122 N. Millwood: 67
- 635 N. Main: 1072
- 940 N. Waco: 5
- 934 N. Water: 13
- 2400 S. Greenwich: 7

Total calls for service for 4 ½ months: 1287
When a case is made by the deputy in the field on a mentally ill patient, records staff is required to enter each case into a computer and then provide the case electronically to the Kansas Bureau of Investigation. On average, each case takes thirty minutes to enter.

- 141 W. Elm: 707 cases
- 635 N. Main: 196 cases
- 940 N. Waco: 8 cases
- 905 N. Main: 2 cases
Cases Created by Our Records Section

- 1919 N. Amidon: 7 cases
- 1720 E. Morris: 16 cases
- 1929 and 1969 W. 21st North: 13 cases

- A total of 949 cases have been entered into our records system.

- Total of hours spent: 474.5 hours
In 2016, we had two inmates who were very violent and were released on their charges. They had commitment papers and were taken to Via Christi to house until Osawatomie had a bed opening.

Neither of these patients/inmates should have been taken to Via Christi because they could not handle them. However, by State Law, the Sheriff’s Office could not hold them due to them not being in our custody.
SCSO has 228 deputies trained in CIT.
Osawatomie considers themselves to be acute care and not long term care.
Where in Kansas do those in need of long term care go?
  - Right now back to our communities usually within 10 days and back into jail to start this chain of events all over again.

With the change in State policy, moving mentally ill inmates to El Dorado, is there going to be an increase of mentally ill parolee’s coming to Wichita?
Moving Forward

- The SCSO is overwhelmed along with our partners.
- Osawatomie has been under a moratorium for over 2 years.
- Larned is backlogged which clogs the court system.
- We need State Legislatures to recognize the issues we face locally and meet with this group of professionals to come up with solutions to this ever growing problem.
Wichita Police Department

Community Mental Health Issues: A Departmental Perspective
## Wichita Police Department

### Calls for Service by Type and Year

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<tr>
<th></th>
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<th></th>
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<tbody>
<tr>
<td>Suicidal</td>
<td>1340</td>
<td>1623</td>
<td>1611</td>
<td>1790</td>
<td>1945</td>
<td>2221</td>
<td>2475</td>
<td>2629</td>
<td>2993</td>
<td>3114</td>
<td>3297</td>
</tr>
<tr>
<td>Mental</td>
<td>373</td>
<td>384</td>
<td>492</td>
<td>677</td>
<td>664</td>
<td>456</td>
<td>492</td>
<td>448</td>
<td>471</td>
<td>454</td>
<td>196</td>
</tr>
<tr>
<td>Total</td>
<td>1713</td>
<td>2007</td>
<td>2103</td>
<td>2467</td>
<td>2609</td>
<td>2677</td>
<td>2967</td>
<td>3077</td>
<td>3464</td>
<td>3568</td>
<td>3493</td>
</tr>
</tbody>
</table>

- From 2006 to 2016
  - 30,145 Calls For Service
# Wichita Police Department

## Calls for Services that resulted in a case

<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal</td>
<td>1089</td>
<td>1299</td>
<td>1321</td>
<td>1489</td>
<td>1573</td>
<td>1620</td>
<td>1798</td>
<td>2029</td>
<td>2412</td>
<td>2494</td>
<td>2617</td>
</tr>
<tr>
<td>Mental</td>
<td>248</td>
<td>235</td>
<td>225</td>
<td>315</td>
<td>272</td>
<td>304</td>
<td>324</td>
<td>160</td>
<td>225</td>
<td>222</td>
<td>92</td>
</tr>
<tr>
<td>Total</td>
<td>1337</td>
<td>1534</td>
<td>1546</td>
<td>1804</td>
<td>1845</td>
<td>1924</td>
<td>2122</td>
<td>2189</td>
<td>2637</td>
<td>2716</td>
<td>2709</td>
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</tbody>
</table>

- From 2006 to 2016
- 22,363 Cases
What we are doing to alleviate problems

- Training in Mental Health First Aid and Crisis Intervention Team
  - MHFA
    - Commissioned trained 603
    - Non-Commissioned 163
  - CIT
    - 103 Officers
    - 16 more will be trained in June 2017

- Exploring funding options to embed social workers
  - In the four substations
Sedgwick County Comcare

Community Crisis Center

635 North Main
Wichita, Kansas
The Community Crisis Center provides 24/7, single-point-of-entry access to an integrated array of regional community based crisis mental health and substance use disorder services.
Continuum of Crisis Services

- 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
24/7 Crisis Hotline

- Hotline: 660-7500
- Over 70,000 Crisis calls per year
- Answer for Sedgwick, Butler, & Sumner Counties
- National Suicide Prevention Lifeline Crisis Center for Sedgwick County
- Goal to add online “chat” service in 2017
24/7 Crisis Intervention

- 8,000 unscheduled crisis visits in 2016
- Since January 1, 2017—5410 unscheduled visits
- Walk-in & law enforcement referrals
- 327 Jail Referrals in 2016
- 149 Jail Referrals since January 1, 2017
- All ages
- Sedgwick, Sumner, Butler Counties
- Televideo crisis intervention
- State hospital screening
### CCC Snapshot – May 10, 2017

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Potential Savings to the Community</th>
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<tbody>
<tr>
<td>27 unscheduled walk-ins</td>
<td>If all unscheduled crisis visits on this day had been seen in the ED, the estimated cost to the community---$96,934</td>
</tr>
<tr>
<td>5 LEO referrals</td>
<td>If all were hospitalized—$168,190</td>
</tr>
<tr>
<td>2 school referrals</td>
<td></td>
</tr>
<tr>
<td>11 COU/CSU assessments</td>
<td>Total estimated savings to the community---$265,124</td>
</tr>
</tbody>
</table>

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If all unscheduled crisis visits on this day had been seen in the ED, the estimated cost to the community---$96,934. If all were hospitalized—$168,190. Total estimated savings to the community---$265,124.
Crisis Observation Unit

- 6 recliners
- Up to 23 hours of supervised care
- Assists with deescalating the severity of crisis
- Assessment for higher levels of care
- Engagement in follow-up care
- Medication management
- SOAR specialist
Crisis Stabilization Unit

- Located at 1720 East Morris
- 6 beds available to provide 3 to 5 days of supervised crisis care to stabilize crisis
- 2 beds available to provide a 7–14 day stabilization option in a more residential setting
- Licensed for 8 beds
- Plan for transitions to ongoing supports
Children’s Crisis Bed

- 2 beds with supervised care at Wichita Children’s Home
- Assists with stabilizing crisis and reducing acute symptoms
- Avoids higher levels of care and travel to other communities/states
- Engagement in follow-up services
Sobering/Detox Unit

- Operated by Substance Abuse Center of Kansas (SACK)
- 13 detox and 6 sobering beds currently
- Capacity to increase to 15 detox beds
- Accept referrals 24/7
Divert clients not appropriate for detention, and hospital thus reducing inappropriate admissions and/or reducing length of stay;
Assist clients in achieving abstinence from alcohol and other drugs;
Assist in safely addressing withdrawal; and
Engage clients in treatment and engage them in ongoing care.
## SACK 2017 Snapshot

### Since January 1, 2017
- **347 Sobering Admissions**—90% of those were uninsured
- **747 Detox Admissions**—80.4% of those were uninsured

### Potential Savings to the Community
- If all had presented at the ED—$989,297
- If all had presented at the ED—$2,129,697
Community Crisis Center

Primary Services

Sobering Unit
Location: 635 N Main
Alcohol sobering support
Stay: 3 to 6 hours

Detox Unit
Location: 635 N Main
Drug/alcohol withdrawal management
Stay: 3 to 5 Days

Peer Support

Crisis Observation Unit

Crisis Stabilization Unit

Community Resources and Follow-up Care
Location: 635 N Main
Supervised crisis intervention
Stay: Up to 23 hours
Location: 1720 E Morris
Supervised crisis intervention
Stay: Typical stay is 3 days

24/7 Crisis Intervention at 635 N Main
### Sedgwick County State Hospital Bed Days

<table>
<thead>
<tr>
<th></th>
<th>2014*</th>
<th>2015*</th>
<th>Total Avoided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Days</td>
<td>18,434</td>
<td>12,284</td>
<td>6,150</td>
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<tr>
<td>Cost</td>
<td>$15,208,050</td>
<td>$10,134,300</td>
<td>$5,073,750</td>
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</table>

*annualized numbers based on 6 months of data from May through October at $825 per day

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### Sedgwick County State Hospital Admissions

<table>
<thead>
<tr>
<th></th>
<th>2014*</th>
<th>2015*</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>720</td>
<td>364</td>
<td>356</td>
</tr>
<tr>
<td>Cost</td>
<td>$270,000</td>
<td>$136,500</td>
<td>$133,500</td>
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</table>

*annualized numbers based on 6 months of data from May through October
2016

- 343 community members on the wait list
- 638 days waiting
- 6 community members declined

2017

- 232 community members on the wait list
- 414 days waiting
- 34 community members declined
Probate Care & Treatment Cases

*2015 data is annualized based on data from January through October 2015*
## Crisis Continuum Grant Services

<table>
<thead>
<tr>
<th>Service</th>
<th>2015</th>
<th>2016</th>
<th>As of July 31, 2017</th>
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<tbody>
<tr>
<td>Crisis Observation Unit</td>
<td>1059</td>
<td>1096</td>
<td>584</td>
</tr>
<tr>
<td>Children's Crisis Unit</td>
<td>91</td>
<td>58</td>
<td>22</td>
</tr>
<tr>
<td>Sobering Unit</td>
<td>338</td>
<td>379</td>
<td>308</td>
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<tr>
<td>Detox Unit</td>
<td>411</td>
<td>762</td>
<td>649</td>
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<tr>
<td>Grant Services Totals</td>
<td>1899</td>
<td>2295</td>
<td>1563</td>
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## Diversions

<table>
<thead>
<tr>
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<th>Number Served</th>
<th>Number Diverted</th>
<th>Diversion from Higher Level of Care</th>
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<tbody>
<tr>
<td>Adults</td>
<td>4630</td>
<td>4017</td>
<td>87%</td>
</tr>
<tr>
<td>Children</td>
<td>780</td>
<td>650</td>
<td>83%</td>
</tr>
<tr>
<td>Screens &amp; Assessments</td>
<td>1170</td>
<td>665</td>
<td>57%</td>
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<td>(Hospital Setting)</td>
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Community and Regional Members

81% Successful Diversions

Total Community and Regional Members Served: 6580
Diverted from Higher Level of Care: 5332
WSU POST IMPLEMENTATION STUDY 2016
Actual Cost Avoidance (Conservative)

<table>
<thead>
<tr>
<th>LOW</th>
<th>HIGH</th>
<th>AVERAGE</th>
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<tr>
<td>$5,931,217</td>
<td>$10,275,631</td>
<td>$8,103,425</td>
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</table>
All Behavioral Health Presenting to the Emergency Department

- 2,703 Total Patients (Rolling calendar year ending August 2017)
  - 225 Avg pts/month
  - 7.4 Avg pts/day
- Arrival Mode
  - 30% via ambulance
  - 70% via POV
- 12% patients admitted internally
- 5% patient transferred
- 82% discharged from Emergency Department
Patients with Psychiatric Complaints presenting to the Emergency Department

- 6,299 Total Patients (Rolling calendar year ending Aug. 2017)
  - 525 average patients per month
  - 17 average patients per day
- Arrival Mode
  - 21% arrived via law enforcement (1,350 yr)
  - 19% arrived via ambulance (1,216 yr)
  - 50% arrived via private vehicle (3,144 yr)
  - 9% arrived via unknown method (586 yr)
- 63% (3,996) of patients were admitted to the Assessment Center, VC Behavioral Health Hospital, or a VC Inpatient Unit
- 37% (2,303) discharged from the ED
Via Christi

- **St. Joseph Campus**
  - 10–16 patients/day waiting in ED, Avg Wait is 7 hours
  - 9 patients/day waiting in ASC, Avg Wait is 9 hours
  - Senior Behavioral Health Unit: ADC 18, 4–6 patients/day on wait list (as of August 2017)

- **St. Francis Campus**
  - 1–2 patients/day waiting in ED

- **St. Teresa Campus**
  - 0–1 patients/day waiting in ED

- **VC Behavioral Health Hospital**
  - ADC 50 – 54
  - 12 – 14 patients/day on wait list (as of August 2017)
Questions?